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THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK  
THE SLOANE HOSPITAL FOR WOMEN

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# MODERN HOSPITAL

Vol. XXXI

July, 1928

No. 1

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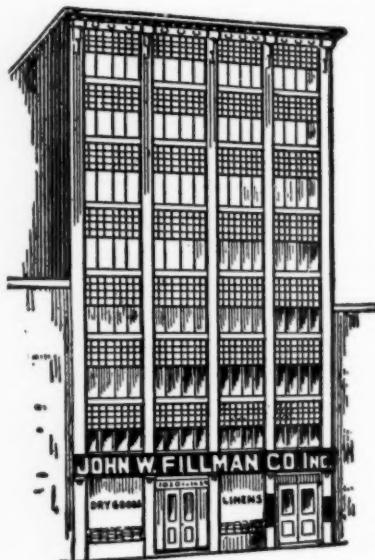
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# THE MODERN HOSPITAL

*A Monthly Journal Devoted to the Building, Equipment and Administration of Hospitals, Sanatoriums and Allied Institutions, and to Their Medical, Surgical and Nursing Services*

Vol. XXXI

July, 1928

No. 1

## Economical Hospital Planning

By FRANK E. CHAPMAN

Director, Mount Sinai Hospital, Cleveland

INSTANCES are prevalent of woeful failure to recognize requisite needs in the choice of a hospital site, and sites selected sometimes prove either inadequate, or geographically so located as to preclude proper and efficient use of the hospital.

Certain fundamental principles should be kept primarily in mind in choosing a hospital site. Relation to arteries of travel should first be considered. With our present day system of motor transportation, it is not as necessary as formerly to locate hospitals in approximately the center of population, but they should be easily accessible to main arteries of travel. If possible, they should not be directly on streets where a car line creates noise, but should be adjacent to such a street, and this car line should be an arterial line. Such a location is convenient for patients, patients' relatives and friends, attending physicians, and last, but by no means least, the personnel of the hospital.

### Geographical Distribution of Beds Important

Perhaps the second point in an evaluation of a hospital site is the geographical distribution of hospital facilities in the community. If there can be a geographical distribution of hospital facilities, the community will be better served than if the major portion of the hospital beds are in a restricted area.

There is of course the primary question of adequate water supply and sewage disposal facilities. The water consumption of a hospital is large, in some instances as high as 250 to 400 gallons per day per bed, and the necessity for an adequate water supply and adequate sewage disposal facilities is self-evident.

Another phase is an evaluation of the general environment and the absence of nuisances, such as excessive noise and noxious fumes.

Perhaps of paramount importance is the adequacy of the site for the ultimate needs of the hospital.

One is constantly confronted with the inquiry as to what type of hospital buildings is best suited for hospital needs. This question cannot be answered for universal application. There is no best type of hospital building. Each type has certain advantages. It is incumbent upon those responsible for the creation of the building to consider every factor entering into each individual hospital program before determining the type of building or buildings to be erected.

The size of the building program both present and future and the relative availability of additional ground must be taken into consideration in determining whether the pavilion, semipavilion or block type is to be erected.

Provision must be made for future enlargements of the institution. The ultimate goal in terms of beds must be approximately established in order to determine whether or not available ground is adequate.

The pavilion type of hospital is not enjoying the popularity that it did a decade ago. This type of hospital has found its greatest expression in European countries, where ground values are low, labor is cheap, and the opinion prevails that this type of institution is necessary for the complete isolation of various types of disease. In communities where ground values are relatively high, it has been found that the real estate investment necessary to build a large hospital practically precludes the use of this type of building.

Also, because of the increased ratio of bearing walls to total cubage, it has been found that the cost of this type of construction is relatively higher, providing, of course, that the same type of general construction is used, and unquestionably long connecting corridors with the consequent larger areas of unproductive space have increased the operating cost materially. Therefore, except in isolated instances, the true pavilion type of institution should not be considered.

There are many modifications of the semipavilion type of institution—the U-shaped, the H-shaped, the cross and several variations of these general forms, each having a specific philosophy of development and each adapting itself to a different terrain. Proper planning can adequately provide facilities for efficient operation in these different types, dependent entirely upon the proper interpretation of the needs of the institution. In all probability the H-shaped type lends itself to extensions more readily than do most other schemes. But again, this type of building requires an amount of land relatively large.

#### Vertical Travel Cheaper Than Horizontal

The block type of building is being used more and more, as the latest thought in hospital development. It has been conclusively demonstrated that vertical travel is cheaper than horizontal travel; that disease may be isolated inter-floor as efficiently as inter-building; that the stacking of typical nursing units one over the other lends itself to economical construction, and that extensions of these buildings are easily consummated, if provisions are made for these extensions in the original footings. Unquestionably the block type of building lends itself best to large metropolitan hospitals. It is a fairly sound conclusion that for a hospital of over one hundred fifty beds, a block type of building, properly planned, is most economical of construction.

These comments with reference to the various types of buildings are general and should not be taken as conclusive. Without a knowledge of the individual problem of construction of a hospital, it is dangerous to accept a general statement as a premise.

After determining the type of building, it might be well to consider the correctness of including all hospital activities in one building. This comment applies irrespective of the size of the institution. It is questionable if there is the justification for the location of high pressure steam plant in a building occupied by patients. As a matter of fact the building codes of certain states preclude such an installation. In general, it is believed

that if the funds available are at all adequate, the mechanical plant and laundry should be in a separate building, but by all means connected with the main building by both a travel corridor and a pipe tunnel. It may be that this travel corridor and pipe tunnel can be developed as one, but both services should be available.

Another questionable economy is the custom of housing personnel in spaces designated for ultimate hospital purposes. This, of course, may be done as an expediency, and should only be considered as such. The cubic cost of building personnel quarters is lower than the cubic cost of building hospital facilities, and certainly any plan of development must eventually provide for the erection of personnel quarters.

The buildings should be located on the plot of ground only after careful study of prevailing winds has been made, and in direct relation to the travel of the sun, in order that the largest possible portion of the building may have, at some time of the day, at all seasons of the year, direct sunlight.

In the semipavilion type and pavilion type of building emphasis is placed upon the necessity of adequate courts for proper ventilation, for the elimination of noise nuisance as between buildings, and for reducing the fire hazard.

There has been a growing tendency to install small balconies serving individual patients' rooms in hospitals. This scheme has a doubtful value. The balconies as a rule are totally inadequate to carry a bed; in most instances they are even too small for an easy chair; and, they unquestionably darken the room underneath.

#### Solariums Now Considered Essential

Day rooms and solariums are prerequisite to sound planning, but these facilities should be developed at terminals of the nursing units or as roof garden developments.

Another incorrect plan is the development of enclosed solariums at the ends of corridors of nursing units. Such a development, too, has a doubtful value. This type of planning destroys natural ventilation in a corridor, which by all odds is the best ventilation. In addition, this type of a room permits of the placing of beds in facilities totally inadequate for patient occupancy, and the consequent crowding of a nursing unit beyond its capacity. Roof garden developments, partially enclosed, are the best type of development.

The reduction of the means of ingress and egress is rather difficult by reason of the building codes in most communities, but it is desirable to keep doors at a minimum. The difficulty of controlling personnel, an important factor in eco-

nomical operation, increased with the increase in the number of exits. There are certain minimums below which good planning cannot go. There must be an entrance for visitors; an ambulance and emergency entrance; an entrance for the receipt of hospital commodities; and, it is extremely desirable that there be a separate exit for the morgue. This latter facility may be combined with the storeroom entrance if necessary.

Sound operation seems to indicate the enclosing of the hospital property by an adequate fence with properly controlled openings.

#### Landscaped Grounds an Asset

Many institutions fail to recognize the therapeutic value of proper surroundings, and do not properly landscape their property. There is nothing that adds to a building more than proper landscaping. This work should be included as a definite part of the building program, planned for and budgeted the same as every other necessary item of expense.

In the block and semipavilion type of building, the size is predicated almost in its entirety upon the size of the nursing unit. There is some controversy as to what the ideal nursing unit is, somewhere between twenty-five and thirty-five beds is an ideal unit from the standpoint of efficient and economical nursing service. Each hospital should determine its standard of nursing service, and should plan the entire institution accordingly. One must not lose sight of the fact that adequate and efficient nursing service is perhaps the keystone of good hospital service. The opportunities of providing efficient service to the patient present themselves in planning the nursing unit and those opportunities should be fully grasped.

In determining the total area of the unit, even at the sacrifice of reduced bed capacity, be sure to include essential service facilities, such as adequate utility rooms, diet pantries, adequate linen and supply closets, flower rooms, janitors' closet, sink room and services of a comparable nature.

Assuming that we are discussing multi-story buildings, it is submitted without qualification that no board of trustees has a moral right to construct a building for the care of the sick of other than the highest type of fire resisting construction. There are those who contend that the possibility of a fire in a hospital, by reason of the constant attendance of personnel, is remote, and that the need in an individual community for hospital beds demands the construction of those beds oftentimes with inadequate funds, and therefore, there is justification for the construction of a Class B or Class C building. Certainly experi-

ences with these types of buildings in various parts of the country would seem to prove conclusively the fallacy of this point of view.

Approaching the items of construction that have a direct bearing on operating cost in a logical way, floors come first under our consideration. Perhaps proper floor consciousness has but lately been developed in the minds of architects. The lack of information on this rather vital subject a few years ago was startling. A proper consideration of floors cannot be approached in terms of the hospital as a whole. We must divide the institution into various general services. For this purpose the following division is submitted: rooms of patient occupancy; corridors and stair halls; kitchens; operating rooms; laboratories; service pantries, utility rooms, baths and toilets; administrative offices; service corridors, mechanical plant and laundry.

In rooms of patient occupancy it must be first decided whether the hard or the soft type of floor is to be used. Taking into consideration noise-absorbing value and the ease under foot of the soft type of floor, it is believed that its use in rooms of patient occupancy and especially in large wards should be given careful consideration. Unquestionably the proper type of rubber floor is the best, as it does offer a longevity that is not offered by other soft types of floor. Next in order come linoleum and certain mastics. Of the hard type of floor apparently terrazzo properly laid comes first for consideration.

#### Soft Floors Best for Corridors

There is no question whatsoever that only a soft type of floor should be used in a corridor. There are those who contend that there is no difference between the soft and the hard type of floor, as related to foot comfort, but there is conclusive evidence that foot troubles are more prevalent when hard types of floors are installed. The necessity of reducing to a minimum the corridor noises is another reason that practically demands the use of soft flooring.

If funds will not permit the soft type, then terrazzo should be considered.

In stair halls there are several installations worthy of consideration. In main travel stairs, where safety must be considered, a carborundum impregnated material or non-slip treads warrants serious consideration. It is believed that steel nosings on stairs are dangerous, in that they have a tendency to wear smooth, when they create a definite slipping hazard. The installation of rubber treads has had rather general use in the last few years.

In the kitchen material that is most impervious

to absorption is necessary, unquestionably the best type being quarry tile. It is true that tile is more expensive than terrazzo, for instance, but there is no question that its low absorbency, the ease with which it is kept clean, and the very heavy traffic in the kitchen warrant the expense.

#### Tile Suggested for Operating Room Floor

The operating room likewise demands a floor of low-absorbing qualities. Vitreous tile properly laid fills the need best. A substitute for vitreous tile is terrazzo, and it is especially indicated where there is the necessity for protection against static electricity by the installation of copper strips properly grounded. Rubber is being used to a certain degree in operating rooms, but the excessive moisture prevalent in these rooms precludes its satisfactory installation.

Quarry tile is suggested as the proper floor for laboratories, although again we may substitute terrazzo at a material saving in cost.

The ideal floor for service pantries, utility rooms, baths and toilets seems to be a vitreous or a ceramic tile. In any event, it should be a floor with a low-absorbent quality, and the substitution of terrazzo as a measure of economy is proper.

The ideal floor in an administrative office is a soft type of floor. A substitute is terrazzo, with the qualification that there is a sound nuisance produced, which is to be avoided if possible.

In service corridors, the mechanical department and the laundry, in order that there may be no appearance of extravagance, concrete combined with a hardener is recommended.

The next item of general discussion is the type of cove. All corridors unquestionably should have a protective cove, and in all probability three sides of all rooms of patient occupancy should have this protective cove for the purpose of protecting walls against wheeled carriages and moving furniture. There are those who contend that these protective coves are unsightly, and that they therefore should not be installed. However, they are not nearly so unsightly as are marred walls, which are bound to result from an unprotected area.

The ideal detail for coves of rooms that have not a tile floor is terrazzo, in detail to suit the needs of the various rooms. Such a cove is relatively inexpensive, is easily kept clean, has a good appearance, and all in all seems to answer well. Of course, in rooms where there is a tile floor and wainscot, unquestionably tile cove should be installed.

Where a soft type of floor is installed, it is recommended that the adjacent cove be installed with a copper or brass strip, in order that there

may be a true joint. Apparently this joint cannot be obtained properly in any other way.

It is recommended that the detail of cove installations provide a minimum of six inches of cove, acting as a protection against mopping soilage.

The question of wainscoting cannot be decided by a general discussion, but services must be considered individually.

In rooms of patient occupancy it is believed that there is no necessity for wainscoting.

In busy corridors unquestionably a tile or terrazzo wainscoting is the desirable thing from an operating point of view, but unfortunately funds available are asked to serve in so many ways that this is out of the question in most instances, and, therefore, we are obliged to substitute plaster finish in corridors and stair halls.

Without a doubt glazed tile or glazed brick is the proper wainscot for kitchen use, carried to a point not less than four feet six inches, and preferably five feet six inches from the finished floor. There is the ideal installation of a complete coverage of the walls with tile. This is almost out of the question in the average installation. A four foot six inch installation as a standard, with a rather free use of tile wainscot is preferable to a five foot six inch or seven foot six inch installation with a restricted usage.

#### Glazed Tile Wainscot for Operating Room

In operating rooms a glazed tile preferably of flat finish to match the floor, approximately at door height, is the proper installation for the operating rooms.

In laboratories tile wainscot behind work benches and around centrifuges, water baths and pieces of equipment of a comparable nature is practically essential. It is, of course, ideal that the laboratory have a four foot six inch tile wainscot, but this is not always possible.

In serving rooms a four foot six inch installation of tile wainscot would seem desirable, although a substitute of Keen cement may be made if necessary; in utility rooms a tile wainscot seems prerequisite to efficiency; in baths and toilets, there should be a tile wainscot of four foot six inch height, with the elimination of this tile in the toilets if the funds available demand.

Of necessity there must be considered the substitutes of tile, if there is such a thing as a substitute for a good tile installation. Developments in precast terrazzo and in ordinary terrazzo wainscots have been rather startling in the last few years, and in localities equipped to do this type of work the cost is materially less than tile. Marble is so expensive and its proper installation

so difficult that its use except for toilet stalls, and usages of a comparable nature is practically prohibitive. The use of certain glass products is advocated by many, but in my judgment these should not be given serious consideration. They are not durable; they are expensive; and, all in all, they are in no sense of the word as satisfactory as a proper tile installation.

Various types of windows are submitted for consideration, but it is questionable if many of them have any great merit. The old style double-hung window in all probability lends itself to a greater degree than any other type to hospital use. It is easy to operate and has a relatively higher window efficiency. There may also be considered that type of window that is reversible for purposes of window cleaning. Its general type is identical with the double-hung window but it offers greater facilities for cleaning. Windows in rooms of patient occupancy should be low enough so that the patient sitting in a low chair may see out. Approximately thirty-three inches is a maximum height from the floor.

There are several types of window ventilators that have good points. The installation of equipment of this type is suggested for consideration.

#### Window Sills Should Be Sloping

It is desirable to install window sills on a slope, to preclude the possibility of placing flowerpots and items of nursing equipment on window sills.

The question of screens and their general type warrant careful thought. Unquestionably all hospital windows should be screened full length. Attention is called to a recent development in built-in screens, which may be rolled up out of the way when not in use. Such an installation eliminates the necessity of providing space for screen storage and the cost of installing and removing screens.

Each window should be provided with facilities for shades, curtains, drapes and, almost universally, awnings.

In planning a building care should be taken to relate the window to the door properly in rooms of patient occupancy, in order that the patient may not be subjected to a direct draft across the head of the bed.

The relation of radiators to windows and the installation of radiator protectors are other items for consideration.

The type of glazing is of considerable importance. There are certain glasses on the market that claim to deliver to a room sunlight in very nearly its natural state, and it may be that the installation of such glass is indicated in certain

instances. Bathrooms, toilets, service pantries and utility rooms should have obscure glass, at least on the lower sash.

The proper installation of facilities for darkened rooms in the x-ray department, and in certain rooms in the operating department necessitates the installation of louvers or of especially constructed shades.

There is a tendency on the part of hospital planners to minimize the problem of proper door installation. There is an antipathy to wide doors, first, by reason of their cost, and, second, because of the difficulty of installing them properly. Notwithstanding all of these factors, unquestionably all doors through which there will be wheeled vehicle travel should be four feet wide. This comment applies to rooms of patient occupancy, diet kitchens, operating rooms, x-ray suites and services of a comparable nature.

#### Double-Acting Doors Are Dangerous

The installation of double-acting doors or of double-swung doors is, in general, poor practice. They are dangerous, hard to maintain, and, all in all, the service needs of such a door can be met by the installation of a four-foot door.

In toilets, janitor's closets, utility rooms, supply closets, provision for ventilation of rooms should be made either by the installation of louvers in the lower panel of the door, or by making the door approximately one and one-half inches to two inches short so that there will be adequate circulation of air underneath.

Transoms in a hospital have a doubtful value, and it is questionable if their installation is desirable.

The installation of dwarf doors in rooms of patient occupancy is meeting with more and more favor. Such an installation offers a degree of privacy without absolute isolation, especially in private rooms, and once having been used they are, as a rule, never discarded.

#### Soundproofed Doors Are Expensive

The soundproofing of doors of delivery rooms and labor rooms, nurseries and rooms of heavy incidences of noise has been discussed, but it is questionable if this measure has value, and proper soundproofing produces an exceedingly heavy and very expensive door. It is believed that it is better to treat individual rooms acoustically and then install door checks to keep the doors closed rather than attempt to install double doors or soundproof doors.

The installation of kick and push plates, either of cork or of metal, on doors of diet kitchens and utility rooms is indicated.

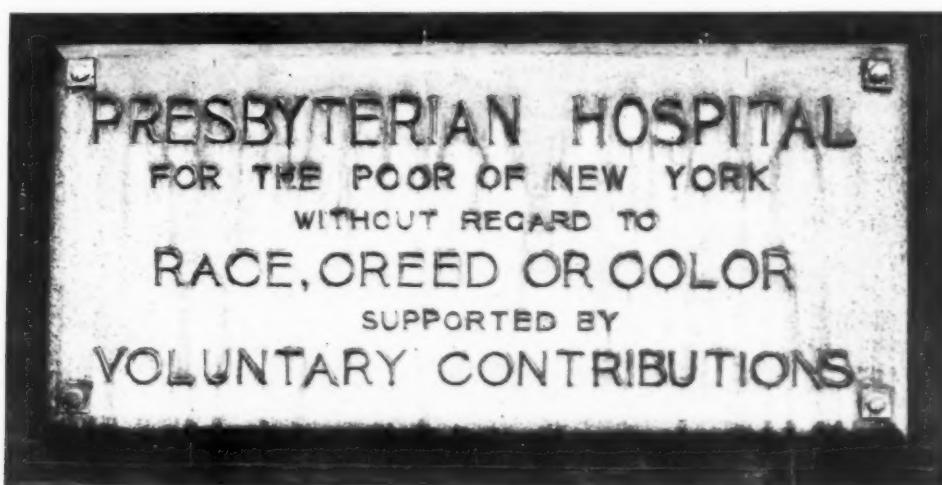


*The eastern portion of the medical center group, from an etching by Anton Schutz.*

# Manhattan's Colossus of Medical Centers

By JANET PETERKIN

Assistant Editor, THE MODERN HOSPITAL, Chicago



*This plaque, which bears the creed of the Presbyterian Hospital, was nailed to the old Presbyterian Hospital on Seventieth Street sixty years ago, to express a new spirit in American hospitals. Today it has been brought to the medical center and put in place on the new buildings, where the principles it sets forth will be maintained by the entire group of institutions. Grimy and old, it stands out in sharp contrast to the bright new buildings.*

RISING high above the banks of the Hudson at Washington Heights, Manhattan's highest point, now stand the massive, towering structures of New York's new medical center, dominating the local landscape.

Architecturally these buildings are simple, devoid of ornamentation, somewhat austere in appearance, but they are well proportioned and form an impressive addition to New York's skyline.

The eleven units comprised in the group of buildings now completed or nearing completion include the College of Physicians and Surgeons of Columbia University, Presbyterian Hospital, Sloane Hospital for Women, Squier Urological Clinic, Harkness Private Pavilion, Vanderbilt Clinic, Anna C. Maxwell Hall (the residence of the Presbyterian Hospital school of nursing), the Babies' Hospital, the Neurological Institute, the New York State Psychiatric Institute and Hospital, and the School of Dental and Oral Surgery of Columbia University.

The project that has thus culminated in giving to the country and to the world an unparalleled center for healing, teaching and research, greater in physical proportions and perhaps more far-reaching in scope than similar centers, had its in-

ception in 1911 when the Presbyterian Hospital became the teaching hospital for the College of Physicians and Surgeons of Columbia University.

At that time the two institutions were more than a mile apart, a condition that made a unified educational policy difficult. It soon became evident that it was essential to eliminate all obstacles of distance, involving inconvenience and loss of time. The vast and complex scheme which was to overcome medicine's scattering of effort, to conserve resources and to eliminate duplication of effort and unproductive competition, began to take shape, and has now eventuated in a great medical center which represents the intellectual unifying of scientific medicine in all its branches.

In 1915, a twenty-acre site overlooking the Hudson, bounded by Broadway on the east, the Hudson River on the west, One Hundred and Sixty-fifth Street on the south, and One Hundred and Sixty-eighth Street on the north, was donated to the medical center by Mrs. Stephen V. Harkness and her son, Edward S. Harkness. The World War held back the movement until 1921, when the Joint Administrative Board was formed, Dr. C. C. Burlingame, executive officer.

In January, 1925, ground was broken and in March, 1928, the first units went into operation.

The plans for the medical center now on the threshold of realization were based on a three-year study of the medical field at home and abroad, to discover the best methods of teaching, hospital practice and research, made by the Joint Administrative Board. The enterprise has been many years in maturing. It represents an investment of over twenty million dollars in buildings alone.

The aim has been to gather together the fruits of scientific medicine as it has developed in the past fifty years—an era of unprecedented progress in the medical world—and to assemble them in one place, under one roof to a large extent, where they can be focused on disease, where knowledge can be imparted to an army of health workers and the patient can find complete care.

In recent years specialization in medicine has developed with great rapidity. Multiple specialties have become essential and research has been carried on largely by isolated groups. The resultant lack of coordination has limited progress and has given rise to conditions not satisfactory to the physician, to the patient or to the student. A

realization of this has brought about a tendency toward centralization as intense as was the preceding trend toward specialization. Hence, the medical center of today.

Some criticism has been leveled at the medical center idea, as representing something so gigantic as to be unwieldy and impossible of successful administration. It has been suggested that effective and intimate clinical cooperation between specialists becomes impractical when the administrative machinery is too cumbersome.

This criticism cannot justly be applied in the case of the New York medical center, which represents not a consolidation but a cooperative effort. The administration is broken up into small units and will be so maintained. Physical contacts between the members of the medical and surgical staffs have been made so easy that cooperation is almost inevitable. Each of the institutions in this beneficent federation will maintain its identity and its traditions, and will perform its original functions as of old, but with the enhanced efficiency that must result from the mutual cooperation of institutions in close physical prox-



*The lobby of the Harkness Private Pavilion.*

imity, according to Dr. Burlingame. Each will carry out its specific part in medical progress, but with a full realization of the part it must play as one of a group engaged in the high purpose of blending institutional ambitions with whatever is best for scientific medicine.

Foremost in the minds of those who have been responsible for developing the program for New York's medical center has been this idea of coordination of effort, of a broad union of forces of medical practice, education and research for the benefit of mankind. But the idea of individual service has never been lost sight of. The ideal of the coordinating institutions will be always the patient as a focus of medical knowledge, in opposition to the conception of him as a theater for medical investigation.

It may be feared that in so vast and complex an organization the patient as a man will be lost and will lapse again into Case 10 in Ward B, as he used to be in the days before the hospital was humanized and socialized. The danger of such a loss of personal contact has here been foreseen and guarded against. The principal structure has been so designed that instead of being organized as one unwieldy institution it is composed of a series of more manageable small hospitals.

The idea behind the planning of the hospital has been expressed as follows: Picture a modern one-story hospital, containing sixty-four beds, with its own operating staff, social service department, minor laboratories, sun parlors, utility rooms, and dietary service. Then superimpose twelve such units, one above another. Add a floor containing eight operating rooms, anesthetizing rooms and an operating amphitheater. On top place a shallow mezzanine floor for visitors and students. Then add quarters for the house and



*A corner in the music room.*

cians and Surgeons, the School of Dental and Oral Surgery, Sloane Hospital for Women, Squier Urological Clinic, Harkness Pavilion, the Babies' Hospital, Vanderbilt Clinic and a power plant.

The main entrance and administrative block of the Presbyterian Hospital are on the north, fronting on One Hundred and Sixty-eighth Street. The entrance doorway is of Gothic design, and over the arch is carved the text, "For of the Most High cometh healing." The doorway leads into a square vestibule, on the left of which is the information desk. The walls are of marble and a mass of potted plants in the center softens the general effect. On this first floor are the administrative offices, the social service and visiting nurse departments, the staff dining rooms, the emergency service, a receiving ward with eight beds for men and eight beds for women, and the admitting portion of the Vanderbilt Clinic, which is the out-patient department of the whole group.

On this floor, also, is the garden room, a large

administrative staffs, a gymnasium and roof garden, and an adjoining private patient wing. This, in brief, is the new Presbyterian Hospital, offering a combination of advantages of a small intimate hospital with those of a great metropolitan institution.

With such an arrangement the patient need not become a mere cog in a great machine. In his little sixty-four bed hospital, he remains a real person and is made to feel that everything is being done for him as an individual as well as for him as a patient. Here the oft quoted command, "Treat not only the disease, treat also the man," will be obeyed in the spirit and in the letter.

The keystone building of the group, a twenty-two story structure, will house the Presbyterian Hospital, the College of Physi-

square lounging room, facing south and flooded with sunshine. It is furnished with comfortable chairs and couches; draperies of good design are at the windows and the color scheme is in green and soft browns. This room is for the use of patients who are convalescing. It opens on to a loggia, from which ramps lead into a large garden now being attractively landscaped.

In the basement are the main kitchen; the weighed diet kitchen; the vegetable preparation room; storerooms, including the linen room and pharmacy, and the storage for patients' clothes; the commercial cafeteria for employees engaged without maintenance, for students from the col-

The seventh to the fourteenth floors are the ward floors. Two of these floors, the thirteenth and fourteenth, as well as the fifteenth floor, house the Sloane Hospital for Women, and one, the ninth, houses the Squier Urological Clinic.

Each ward floor is arranged in the same manner and has sixty-four beds. On each floor are three twelve-bed wards in wings extending toward the south, at the end of which in each case is a large solarium, on to which the patients' beds can be wheeled. The hospital has been so planned that every sunny southerly window opens into a patient's room.

What impresses the visitor most in going



*View of the medical center from the Hudson River. New York State Psychiatric Institute and Hospital on extreme left; next comes Anna C. Maxwell Hall, and the central group of buildings, showing the Harkness Pavilion in the foreground, superimposed over Presbyterian Hospital with its three E-shaped wings, facing south.*

lege and for others who may wish to use it; the tailor, carpenter, plumber, paint, electric and upholstery shops. A study of the floor plan will show how these services are arranged. The laundry is housed in a separate wing. It serves the entire medical center and has a capacity of ten tons a day.

The second and third floors are devoted to permanent housing for the personnel and to x-ray diagnoses and therapy. In addition to this there are on the second floor a lounge and music room, a card room, a billiard and pool room and various service rooms for personnel.

The fourth, fifth and sixth floors are being used to provide temporary housing for the personnel, but are so arranged as to permit of change to ward floors at such time as demand for additional in-patient service shall develop, and as outside quarters can be provided for the personnel.

through these ward floors is the amount of direct sunlight that seems to be everywhere. There is a window for every bed, and before the patient's eyes, as he lies in his eyrie, perched almost in cloudland, is unfolded a vista, varied, beautiful, throbbing with the interest that ever hovers over a great city. Below is the shining river; beyond are the great rocks of the Palisades; in the distance are the skyscrapers of the metropolis; and in the far away haze may even be dimly discerned the outlines of the Statue of Liberty and, on a clear day, glimpses of Long Island Sound. And above all is a vast expanse of sky. No one with a spark of imagination could be bored with such a panorama spread before him. Here, where the air is pure and all is serene and quiet, is surely an ideal place to seek restoration to health.

In addition to the three twelve-bed wards, there are on each floor two five-bed and two four-bed

wards and ten single rooms. The nurses' station has glass on two sides and thus commands a full view of two wards. Each floor has a diet service room, to which the food is brought directly from the main kitchen in electrically heated trucks; a clinical laboratory; its own operating staff; a treatment room for minor operations; a utility room and a linen room. Curtains may be drawn around each bed if the patient so desires, thus affording privacy to the occupant.

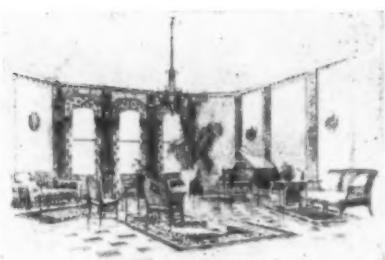
In the Cromwell ward, given by the New York Stock Exchange in memory of Seymour Le Grand Cromwell, color has been introduced. The beds are painted a clear, cheerful green, which shows up effectively beside the immaculate white of the bed linen and the bed curtains. The over-the-bed, sliding tables are green, topped with black, as are the bedside tables. A clock is placed at the head of the ward in sight of each bed. The electric light call system is installed. The wall is papered with an especially prepared sanitary paper. The design of windblown trees is rather indeterminate and restful.

On the ninth floor, devoted to the Squier Urological Clinic, the solariums are equipped with ultraviolet ray transmitting glass.

The fifteenth, sixteenth and seventeenth floors contain the operating rooms. The fifteenth floor is for the Sloane Hospital for Women, and contains the delivery rooms and gynecological operating rooms.

There are eight small operating rooms, in addition to the great McCosh operating amphitheater. This amphitheater is tiled in a soft green, as are all the other operating rooms. It has galleries for student observation that seat 149 spectators, and a radiophone is connected with each seat, so that the heart beat of the patient undergoing the operation can be heard by every spectator. Each operating room is soundproofed, and has its individual sterilizing plant, anesthetizing and preparation rooms.

The whole of the eighteenth floor has been given over to recreational facilities for the convalescent patient. Here, for an hour each day, it is hoped that every patient in the hospital who is able to be moved will be brought for a change of atmosphere. In the center of the floor is the music room, high-ceilinged and decorated in soft greens. The deep recessed windows have casement curtains



and draperies with the design of the Tree of Life, copied from a rare old print. The ceilings are hand stenciled and the maple furniture is in Early American style. The chairs and lounges are upholstered in glazed chintz of cheerful design. The wide corridors and loggias adjoining

have wicker lounge chairs and sofas, with gay cretonne pillows. In an assembly room of informal atmosphere are many comfortable chairs, sofas and parchment shaded lamps.

Other rooms in this recreation center are a reading room, a gymnasium sixty feet long and thirty-five feet wide, which will be used by members of the hospital staff, and two open air loggias. Direct elevator service is available from any part of the hospital.

It is hoped that this new department in hospital buildings will further the convalescence of the patient.

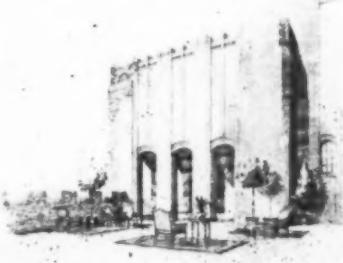
On the nineteenth floor are the offices of the board of managers and of the Joint Administrative Board.

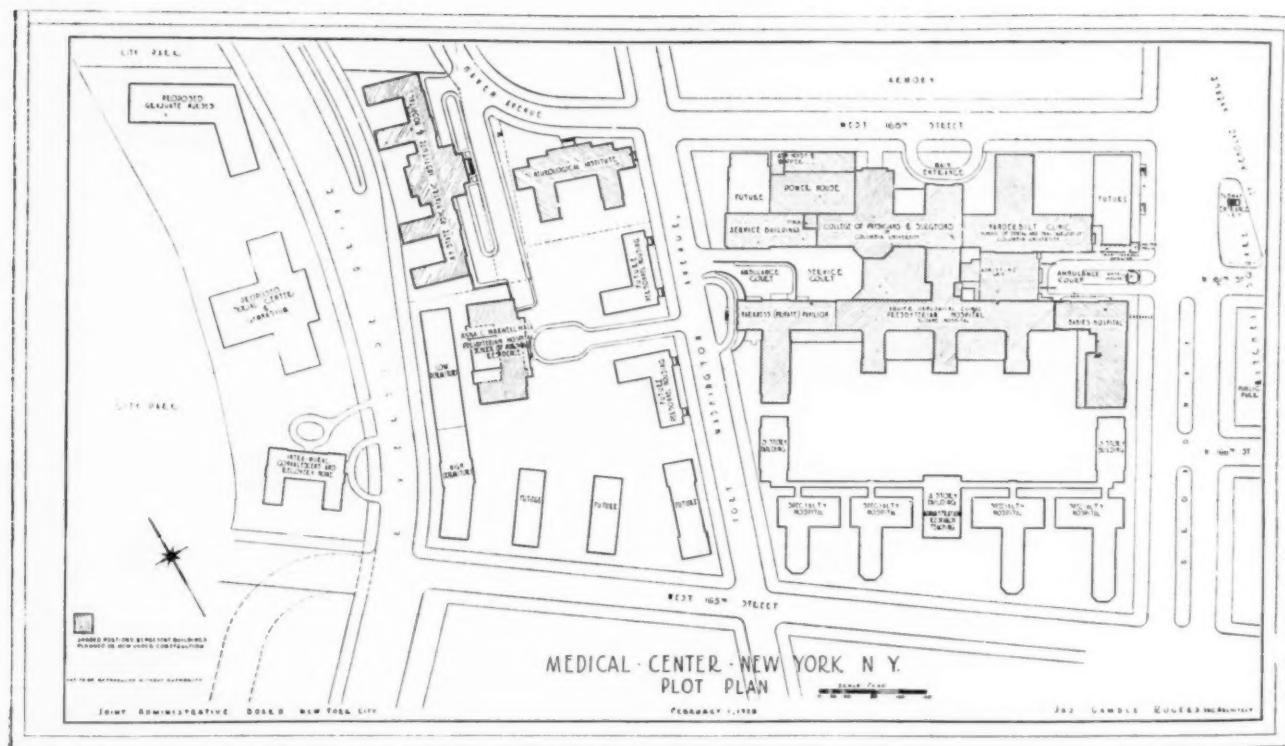
The capacity of the hospital is 800 beds.

The Presbyterian Hospital and the College of Physicians and Surgeons are connected by an eleven-story axis, the rooms in which will afford a meeting ground shared in common by the two institutions, and so furnished and equipped as to facilitate the work of both. In this axis are the rooms devoted largely to the common work of the two institutions. As a consequence of this arrangement, it will be possible for the corps of physicians, surgeons and medical students to divide their work between the medical school lecture rooms, the consultation and treatment rooms, and the hospital wards, clinics and operating rooms, without loss of time or waste of energy.

Connected with the hospital on the west is the Harkness Pavilion, which accommodates the private patients of Presbyterian Hospital. It has its separate entrance on Fort Washington Avenue, and its independent ambulance court on the northern side. This is a nine-story building, with 147 rooms for private patients and thirty-five rooms that are to be used as a personnel infirmary for the professional and administrative executives of the center.

Modern ideas are exemplified in this private patient pavilion. Here are found ten guest rooms, to be used as living quarters for

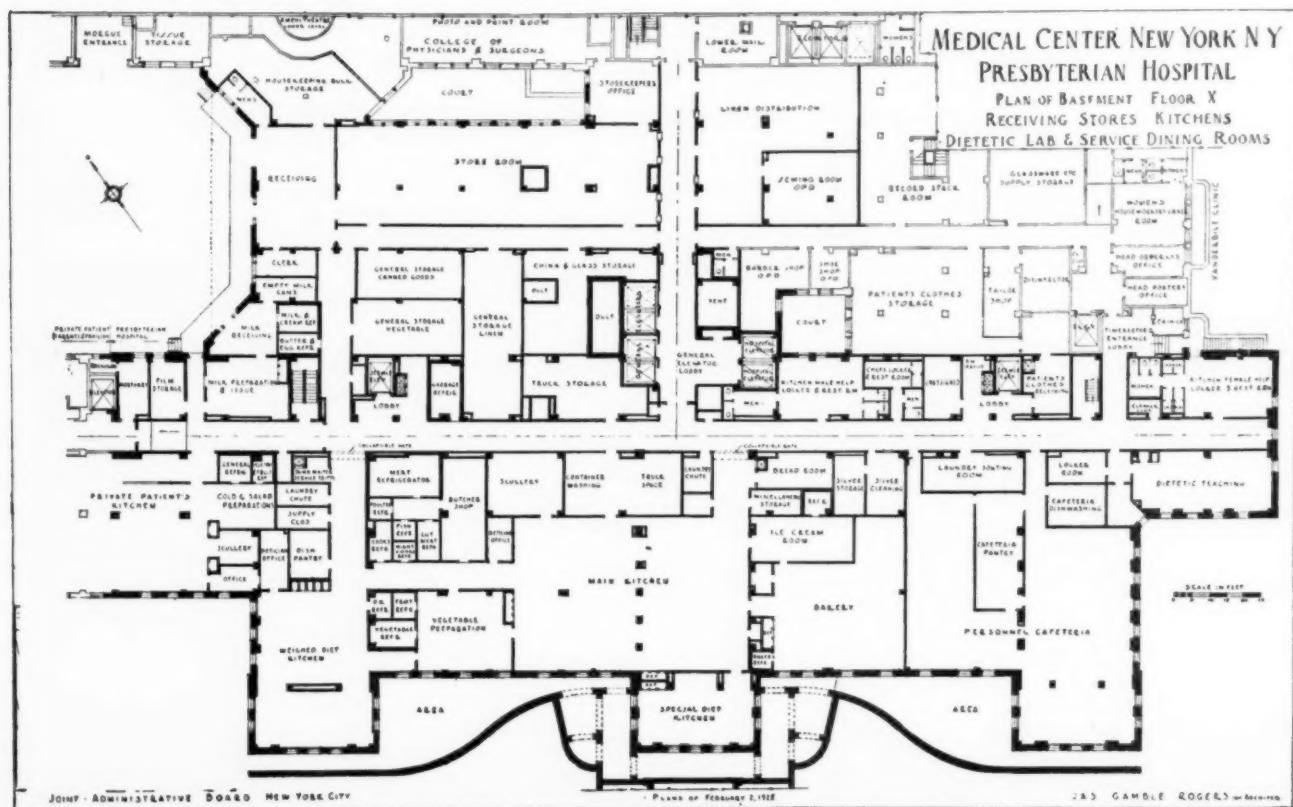


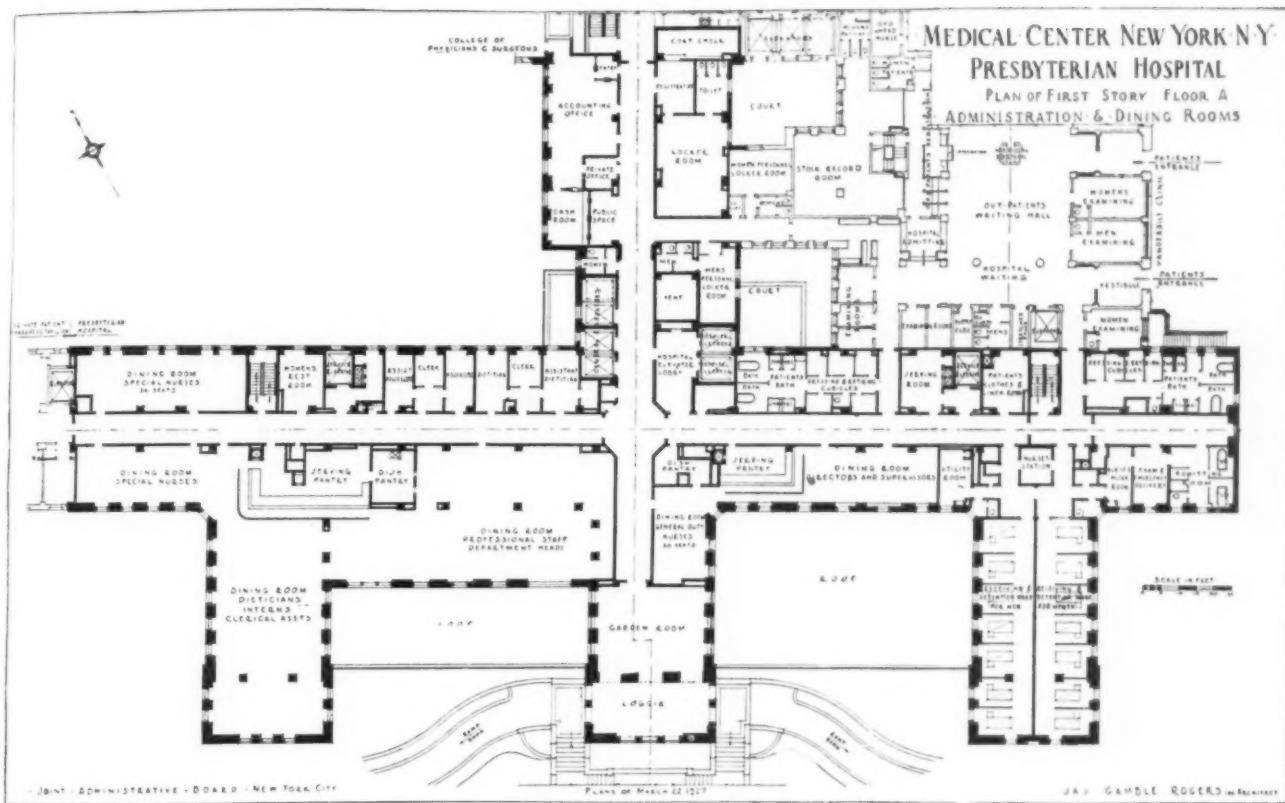


visitors, rooms similar to those of a good hotel and which can be rented in the same way as can hotel rooms, by relatives or friends who wish to stay near the patient during a serious illness. For such guests of the hospital there is provided also a special dining room with à la carte service, served by a special kitchen. This hotel service

will be particularly welcomed by those who come from out of town to visit patients on the floor of the pavilion that is devoted to the Sloane Hospital.

Another unusual feature of the Harkness Pavilion is the provision of private offices for the medical and surgical staffs of the hospital. A private office, with a connecting examining room,

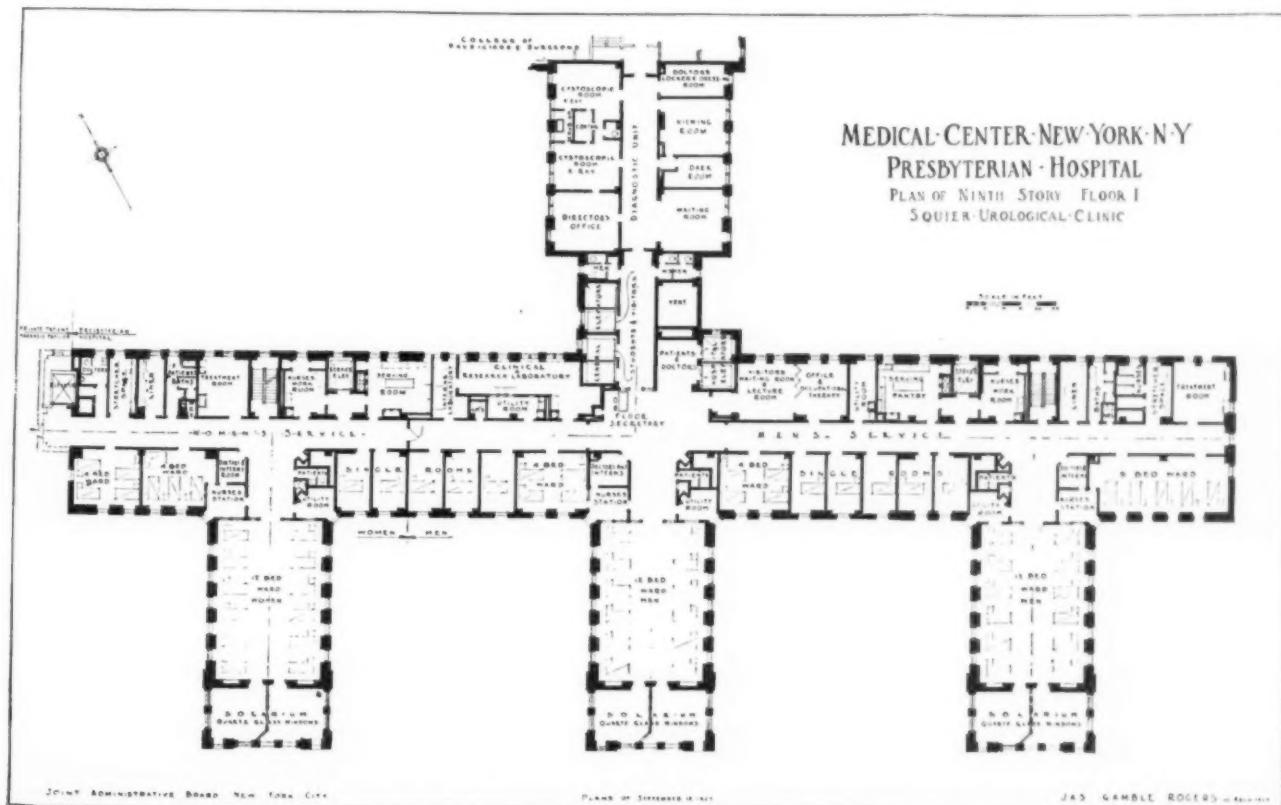




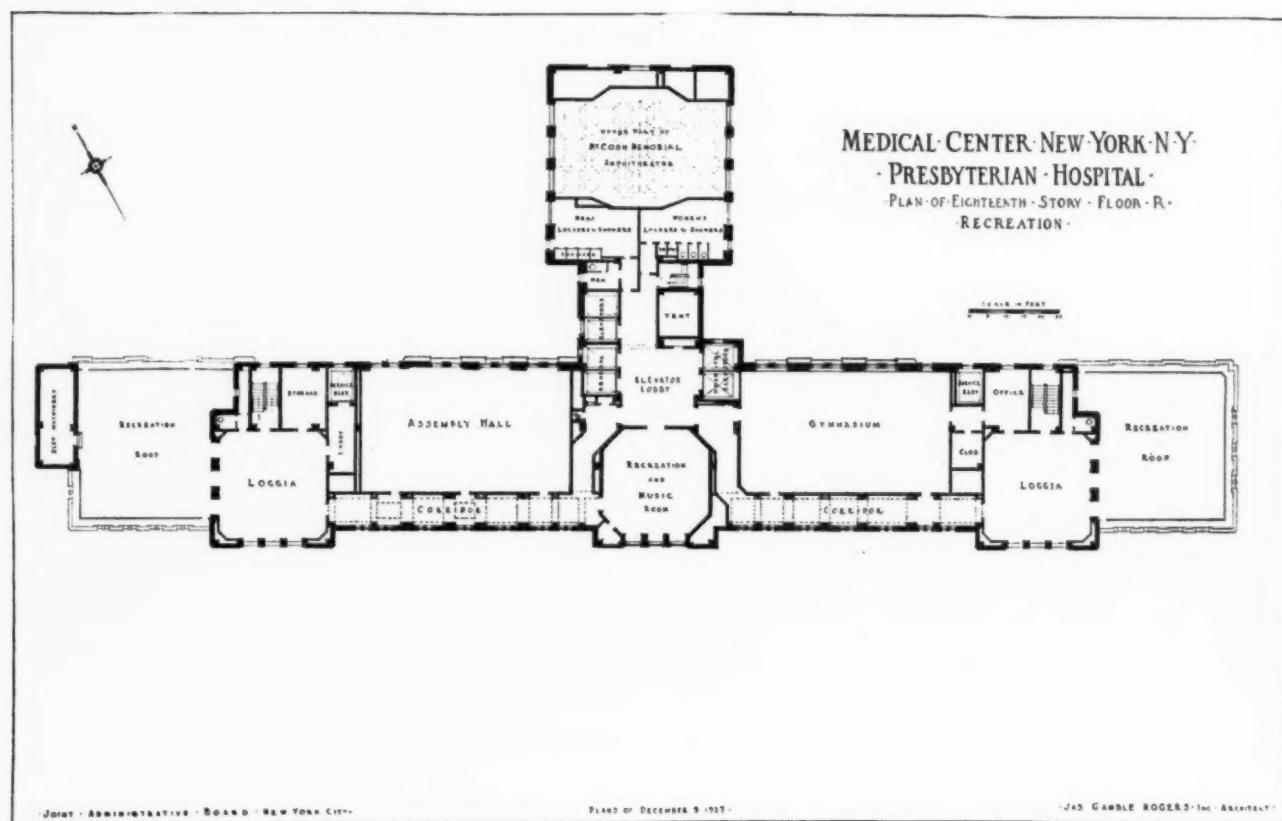
is provided for any staff physician or surgeon who wishes to carry on here his private practice instead of maintaining an office in the city. A small laboratory is accessible to these offices. A separate waiting room is available for the private

patients of such doctors, and a separate information and admitting office is provided for them.

A tour through the pavilion creates the impression that everything has been done here to eliminate the forbidding institutional aspect, and to

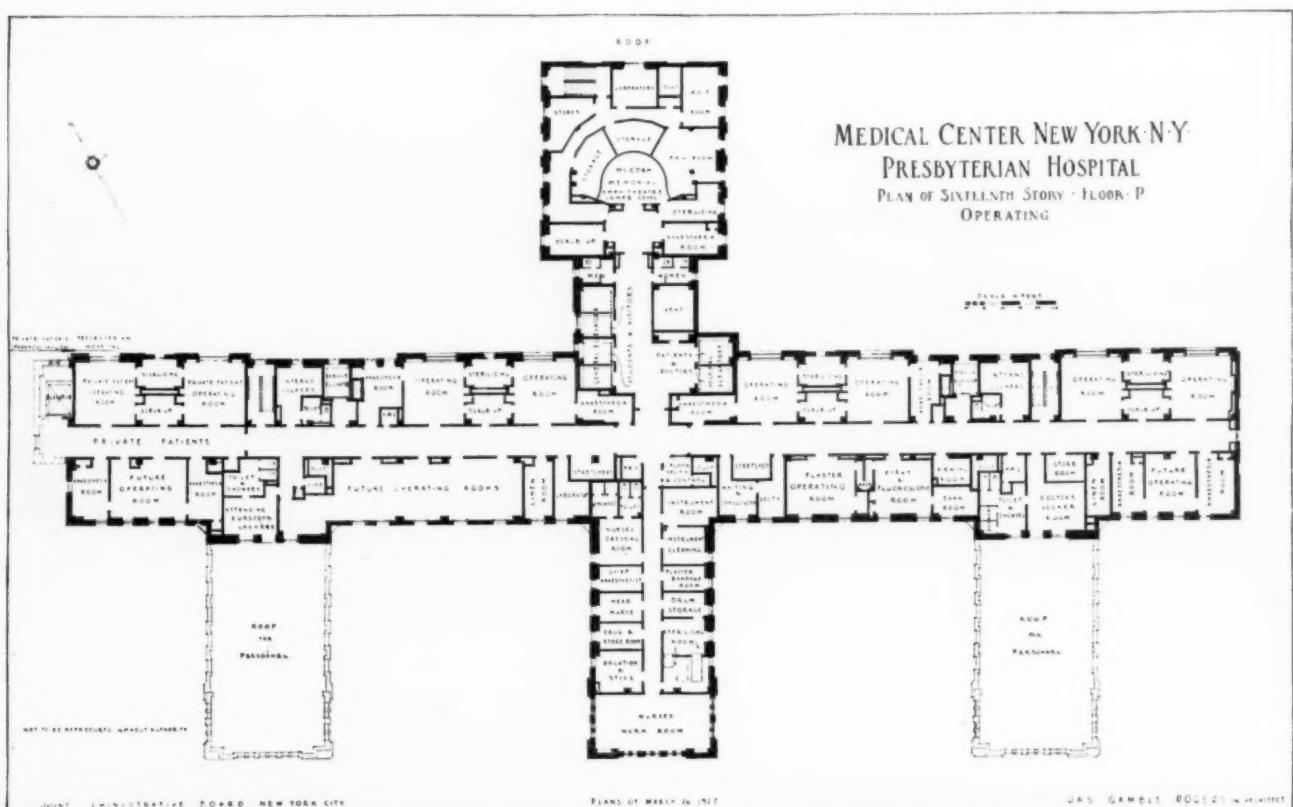


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suggest rather the appearance of a well appointed club or hotel. Wherever possible washable wall papers have replaced flat paint, giving variety and individuality to the patients' rooms, no two of which are exactly alike, either in arrangement

or color scheme. Utility and efficiency have not been sacrificed nor are any lavish display or extravagance apparent, but the maximum comfort and well-being of the patient have been preëminent in the minds of the architect and the interior





*In this dining room à la carte service is provided for guests at the Harkness Private Pavilion.*

decorator, who have lent their aid in creating an environment favorable to ease of body, peace of mind and speedy convalescence. All the scientific devices of the modern world are present, but they are not obvious.

The waiting hall of the pavilion, on the first

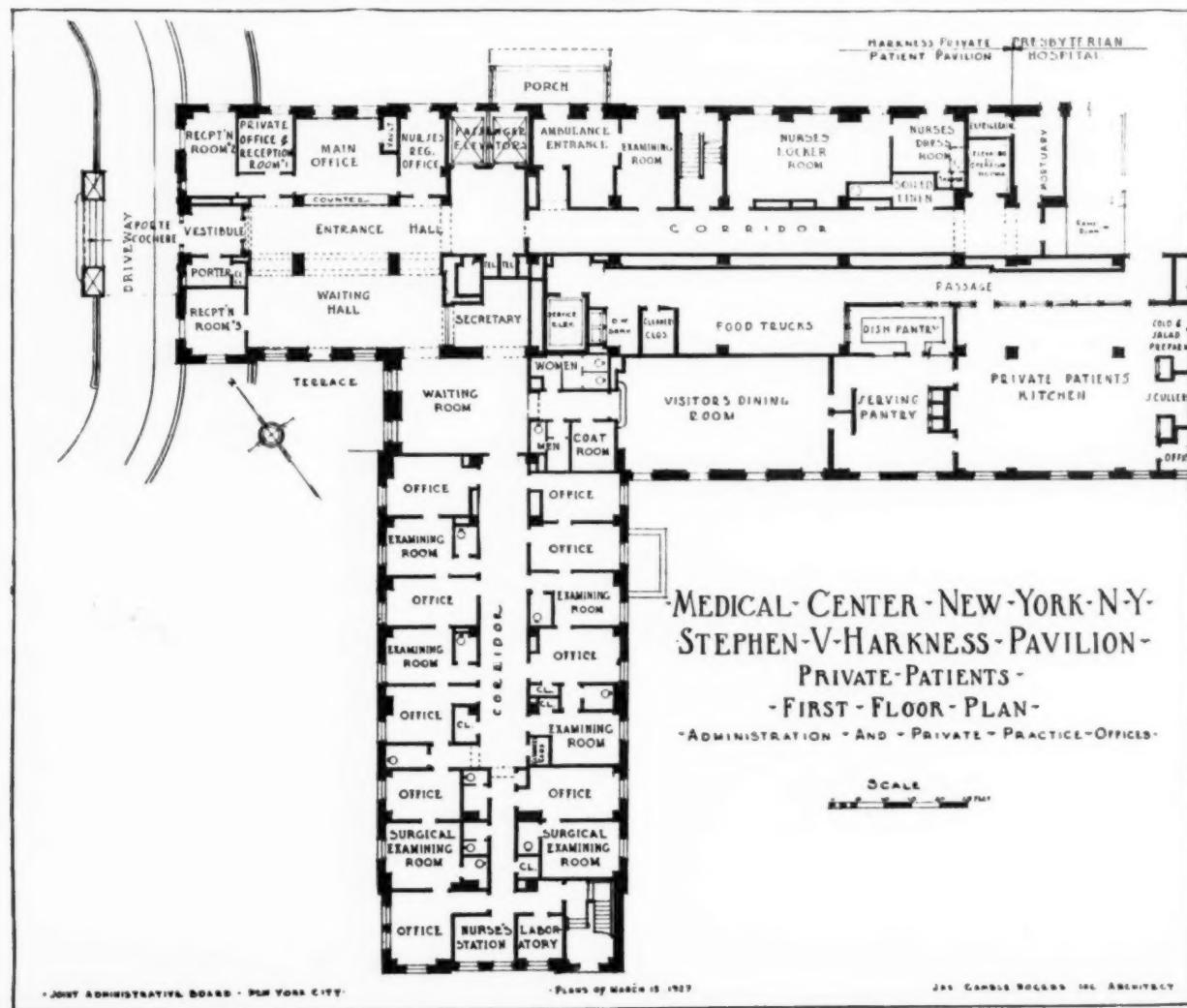
floor, is paneled in oak, and the ceiling and cornice are richly decorated. Tones of green prevail everywhere—in the carpet and in the richly tapestryed, varied chair coverings. Distinctive lamps, with parchment shades in neutral tones, are on the little Tudor tables. To the right of this wait-



*The Cromwell ward, which has been decorated in answer to questions pertaining to the psychology of color in the care and treatment of the sick.*



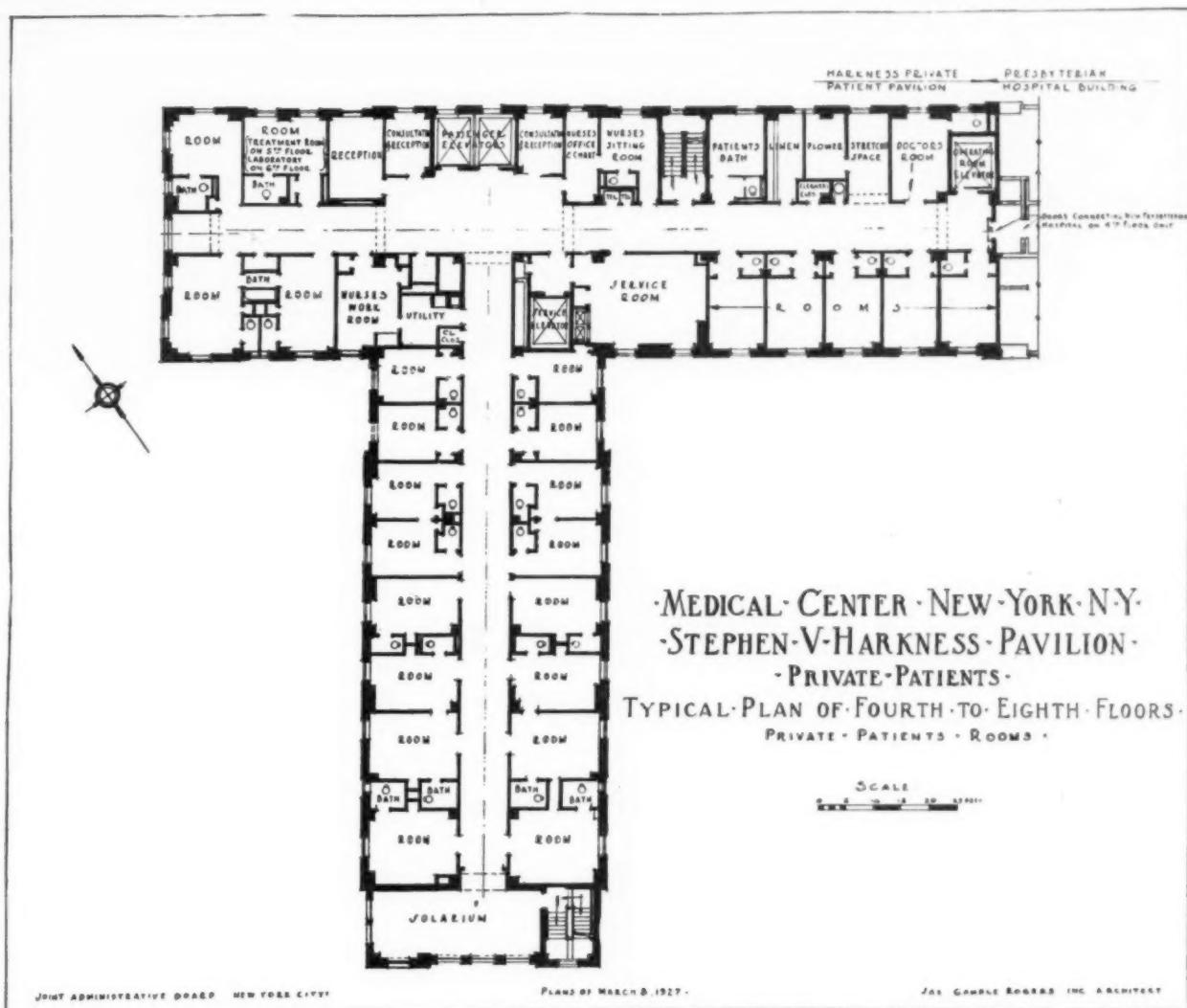
*Typical patient's room in the Harkness Pavilion.*



ing hall is the waiting room for private patients of the medical and surgical staffs, similarly furnished, and on either side of a long corridor in the south wing are the private practice offices. The visitors' dining room and the kitchen that serves it are on this floor, and also the administrative offices, the nurses' registry office and a large nurses' locker room and nurses' dressing room.

On the second floor are the private patients'

planned for the patients' rooms. Many of these rooms have a connecting bath and all have an individual lavatory and toilet. They are furnished simply and in excellent taste. Washable wall paper in pastel shades has been used. It extends across and disguises a clothes closet, the door of which is flush with the wall and is treated like the wall in order not to be intrusive in the room. This door has a cylinder lock. The floors are covered with linoleum and a rug is on each



x-ray department, more private practice offices and the ten guest rooms.

The third floor is given over to the infirmary for the professional and administrative personnel. Here are found five-bed and four-bed wards and single rooms, and a large solarium.

#### Twenty-five Rooms to a Floor

The fourth to the eighth floors are alike in arrangement. There are twenty-five rooms to a floor, and here as in the Presbyterian Hospital proper the same south orientation has been

side of the bed. The accompanying illustrations show the type of furniture used. An interesting feature is the over-the-bed table, which was especially designed for this hospital by the architect, and which is proving eminently satisfactory on account of its steadiness, the ample space it provides for the patient's accessories and the ease with which it can be pulled toward the patient.

Each floor has a utility room; a diet kitchen, in which are individual ice boxes for each patient, to protect gift delicacies; a linen room; a flower room; an alcove for stretchers and wheel chairs;



*The Andrew J. McCosh operating amphitheater has galleries for student observation that seat 149 spectators, and a radiophone is connected with each seat.*

a visitors' waiting room; a nurses' office and chart room, and a doctors' room. At the end of each wing is a solarium.

The ninth floor is for the private patients of the Sloane Hospital. The arrangement of rooms is the same as on the other floors, but here are two nurseries, in which each baby has a cubicle and bassinet. The nurseries are decorated with a charming frieze of daisies, and a similar design appears on the posts of the cubicles.

Adjoining the main hospital building is the Vanderbilt Clinic, consisting of a basement and eight stories, the top three of which will accommodate the School of Dental and Oral Surgery of Columbia University. The entrance to the clinic is on Broadway and all hospital patients must use this entrance. Vanderbilt Clinic is connected with the hospital by an admitting clinic of three stories, in the third of which are two emergency operating rooms. The five lower stories are devoted to out-patient service. The clinic will serve as the out-patient department of all hospitals associated at the medical center, with the exception of the New York State Psychiatric Institute and Hospital. An article describing the admitting service of the Vanderbilt Clinic, the only one of its services now in operation, will appear in an early issue of THE MODERN HOSPITAL.

Across Fort Washington Avenue from the Harkness Pavilion and connected by tunnel with the Presbyterian Hospital is the Anna C. Maxwell Hall, the Presbyterian Hospital school of nursing residence. A description of this building will appear in an early issue of THE MODERN HOSPITAL.

The architect for the major group of medical center buildings was James Gamble Rogers, Inc., New York. The New York Psychiatric Institute and Hospital was designed by W. Sullivan Jones, New York, and the Babies' Hospital by Henry C. Pelton and James Gamble Rogers as associated architects.

This is but an outline of such hospital units of the Columbia-Presbyterian Medical Center as are now being put in operation. This splendid group of institutions, in which are gathered together all the tools of medical science—professional equipment, technical personnel and cooperative service—is indeed a theme for superlatives. But where shall the superlative lie? Not on the piles of brick and masonry or on the four thousand windows and four million bricks which, we are told, make up part of the physical structures. Rather should emphasis be placed on the more intangible values and the potential power of such a cooperative effort.



# What I Saw in the Hospitals of Europe—Part III

By LOUIS J. FRANK

Superintendent, Beth Israel Hospital, New York

**I**N GERMANY the institutions are comparatively well situated. The professors and medical authorities with whom we talk, make every effort to hide their financial difficulties. We sensed a feeling of uneasiness in all the countries, which was not present in Germany. We knew immediately when we were on German soil. There was a buoyancy, a good spirit, suggestive of admirable resuscitative powers. This was manifest not only in the attitude of the German doctors but in the patients and the German people as well.

This country has some of the largest hospitals in the world. The usual pavilion style of institution obtains here. The men are intense scientists who are more interested in scientific achievement than in their personal well-being. They make great sacrifices in the cause of the promotion of medical science.

## Berlin Hospitals

*Yiddisha Kranken Hospital:* This is an institution of 360 beds conducted in a thoroughly orthodox manner. It has as its head the famous Geheimrath professor, Doctor Strauss, who is regarded as one of the outstanding figures in the world of internal medicine.

The system is practically a group system. Under the director there are assignments from every other specialty. The out-patient and the in-patient departments are combined. Doctor Strauss reigns as chief of both. He has an assistant of twenty years' practice, in charge of the out-patient department. The professor believes that it is necessary that the doctors in the out-patient department be well known in the community so that their reputation may attract the patients and feed the service. Doctor Strauss is a well known metabolist, having served on the insulin committee at Toronto, Ont. He conducts a private practice.

The diagnoses for all departments, in Doctor Strauss' opinion, should be made by the medical department. In his institution all applicants for admission are referred to the diagnostic department. He believes that the surgeon should be

required to call in a medical man for aid in case of any medical complication.

The physiotherapy department is under the jurisdiction of the medical department. X-ray and physiotherapy, the professor tells us, should be administered only by skilled men versed in the use and in the hazards of the work. In the x-ray department there should be a doctor representing each specialty. Urology, Doctor Strauss says, should have a separate division, unless there is a large service with an outstanding physician, otherwise it should come within the scope of general surgery. Urology is a vital activity. In order to be a competent urologist, a doctor must be both a good surgeon and a good diagnostician. When a surgeon removes an appendix that has not offended, there is comparatively no harm done, but when, because of an incorrect diagnosis, he removes a kidney, then we have an appalling situation.

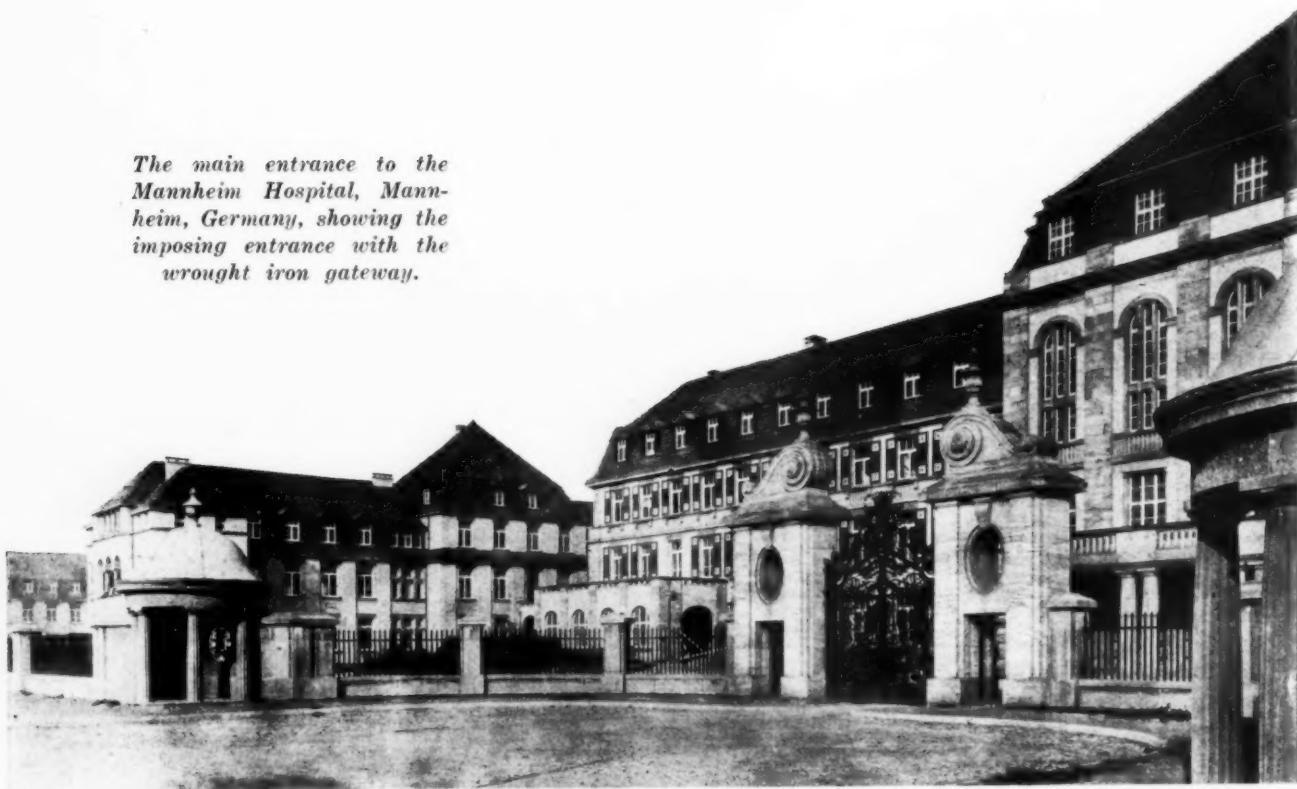
The doctors have a right to establish a private practice. One year of hospital internship is required from all medical graduates. The chief has full-time assistants, fully qualified. Doctor Strauss is in the hospital between eleven and twelve o'clock. There are two assistants, who are paid and serve two years, one in charge of male patients and the other in charge of female patients. There are three volunteer assistants who receive small pay. There are two medical practitioners who are graduates of a medical college and who get food, but no lodging.

There are a number of separate rooms for cases of typhoid fever. While many precautions are taken with regard to isolation, nevertheless cross infections occur. The doctor favors the full-time assistant. He believes in a small workable staff, sufficient to care for the institution. He is a firm believer in heliotherapy.

Doctor Strauss supports the policy of the institution in all respects as regards its Jewish observation.

*University Clinic:* Professor Hans Guggenheimer of the third medical division takes us in charge. He is an assistant to Professor Geheimrath Goldscheider. The University Clinic is a

*The main entrance to the Mannheim Hospital, Mannheim, Germany, showing the imposing entrance with the wrought iron gateway.*



government hospital with an independent medical college. All university hospitals have their own medical colleges. Doctor Guggenheimer is a full-time man who lives in. There is a central bureau in the city where patients are referred to available beds in the various hospitals. Autopsies are performed in every case, unless such procedure has been forbidden. When the chief makes his rounds, with him are seven full-fledged doctors and two graduate students. Doctor Goldscheider makes his rounds daily between nine and one o'clock. He has also a private practice, though he is subject to call at the hospital at any time.

*Charité Hospital:* This is an institution of 1,200 beds and it is 200 years old. Founded originally as a pest house, it later became a poorhouse and finally was taken over by the university for clinical work as a governmental hospital. It is conducted primarily for teaching purposes and secondarily to cure the sick, though patients apparently are given good treatment from the best talent available. There are ten departments —two medical, one surgical, one pathological and obstetrical, one eye, one nose, throat and ear, and one skin. The chief of department is a professor of a university.

Each chief is independent and the medical director who is responsible for the medical work in the hospital has no right to interfere with the treatment of patients. The medical director who

is not a specialist, must of necessity bow to the head of each department, who is invariably a specialist of repute. Parallel service is the system adopted in this institution, and the authorities feel that it works toward better coordination. The age limit is sixty-eight years. Each department has a laboratory, x-ray and lecture hall. Research work in each department is directed by the chief of department.

#### Five Assistants Under Chief

The chief of department has under him, an *Oberartz*, five regular assistants appointed and paid by the government and ten volunteers who work without pay and are recommended by the chief of department. The regular assistants live in the institution. The chief of department lectures and presides over the clinic and directs the research work. All doctors must visit the hospital daily. Each clinic has several stations; the head of each station is one of the regular assistants. Regular assistants begin rounds at 6 A.M. in the summer and at 7 A.M. in the winter. When the professor arrives in the morning all reports are ready, and, guided by the reports, he visits the patients requiring his attention.

We visit the Krauss Clinic, division No. 2, and are conducted through the clinic by Professor Doctor Geheimrath Krauss. Doctor Krauss takes personal charge of all treatments. He is a governor of his province and directs not only the

work of the clinic but also that of the laboratory as well.

The government of Germany takes an unusual paternal interest in the hospitals.

*Krankenhaus Friedricheim:* This is a city hospital with 1,100 beds. We meet Professor Doctor Pick, a brilliant pathologist who has developed remarkable methods of preserving specimens. He shows us his collection of skeletons and his different mountings. His specimens are of great aid to the men of his department. The specimens excite our interest because of their remarkable character.

The professor informs us that he is not convinced that the hospital gains any special benefit from affiliation with the university. Some of the doctors may be affiliated independently with the university, but so far as the patients are concerned this affiliation is of little value. Infinitely more is dependent upon the selection of the proper doctors. The professor agrees with us that you cannot find a man too good for the patient; that the best man is just good enough. He is vehement in his opposition to young men doing research work on patients. He objects to a callous method of treatment, which allows young doctors to experiment with human beings in an effort to learn at the expense and discomfort of the patient.

In this institution we found that all routine laboratory work is centralized, with competent

men in charge. In other words, the laboratory men, because of their centralization and contact with all departments, are given a catholicity of experience that is very useful to them and enables them to help the doctors in their work.

Professor Pick as head of the laboratory receives \$10,000 per year, besides fees for private work done in the hospital. The chiefs of the various divisions, such as chemistry and bacteriology, receive \$5,000 a year. The age limit is sixty-five years. There are the following divisions in the hospital: a parallel service of two medical departments, two surgical, one x-ray, one pathological, one bacteriological, one chemical. Professor Pick recommends the inclusion of the following divisions for a large general hospital: medical (including metabolism), children's, neurology, urology, dermatology and venereal, also nose, ear, throat, eye, gynecology and obstetrics, orthopedics.

Professor Pick favors the idea of parallel departments, with one unit checking the other, but suggests that the chief of each department should be independent. He is considerate in his reception of us. We watch the submission of x-ray plates for interpretation and hear his trenchant opinions on other clinical matters. He makes the rounds of the wards and is frequently called upon to help the clinician diagnose the patient.

This institution is run by an executive commit-



*The pavilions for infectious diseases of the Mannheim Hospital, Mannheim, Germany.*

tee, consisting of one surgical man, one medical man and one layman, appointed by the city authorities. All chiefs are paid, and they visit the hospital daily, spending at least four hours a day in the institution. Each chief has an assistant for each sixty beds in his service, although it is Professor Pick's opinion that sixty is too many and that forty would be more manageable. Each assistant has a volunteer who was at one time a medical practitioner. All the doctors live in the institution with the exception of the chiefs. The oldest assistant substitutes at times for the chief, who sees all important cases daily and makes grand rounds once a week. One of the surgeons must live in. There are consulting divisions for departments not established, but Professor Pick advises the establishment of a department covering each specialty.

#### Advocates Monthly Conferences

There are on daily service two men in the admitting department—a surgeon and a medical man who are regular assistants and not volunteers. Professor Pick suggests that there should be monthly conferences of all chiefs, with attendance made imperative. Our idea of a diagnostic department is worthy of a trial, we are assured by Professor Pick. He, too, is of the opinion that all patients should go through the hands of medical men, that it is better to take a chance of a slight delay in operating than the hazard of an unnecessary operation.

In their gynecological and obstetrical division, no doctor is appointed unless he has had a complete training in a special gynecological and obstetrical hospital. Professor Pick firmly believes in radium and x-ray, but suggests that the work should be done by a doctor who has a knowledge of both. He feels that it is better to have all paid men, giving their time, thought and energy to the institution.

*Krankenkasse:* This is a children's hospital of over four hundred beds, with the famous Professor Finkelstein in charge. The institution has an out-patient department, and patients from infancy to fourteen years are accepted in the institution. No private cases are admitted. The chief, a paid man, visits the hospital daily. He has a first assistant, who is paid, lives in the institution and is forbidden to establish a private practice. This man is a graduate of a medical college, and has spent thirteen years in the institution. There are eight assistants who are paid and four paid volunteers. All live in the institution and are forbidden to establish a private practice. These men for nominal salaries work long hours, with the idea of benefiting the poor

patients and improving their own knowledge.

There are forty surgical beds, and a surgeon in charge for the nose, throat and ear division. He lives out and is an assistant to Professor Finkelstein. Each assistant has from thirty to fifty beds and makes rounds regularly. Professor Finkelstein does not believe in airborne diseases, he scoffs at the idea of communicable diseases, except such maladies as measles. The doctors of the hospital are in charge of a dispensary, which is the admitting department. The authorities believe in heliotherapy. The patients are kept on the balconies and in the gardens. Each pavilion has its own garden. There are six-bed and eight-bed wards, but Professor Finkelstein prefers cubicles, if finances permit this arrangement.

*Rudolph Virchow:* We visit this famous institution of about 3,000 beds. Geheimrath Professor Doctor Kuttner is the head of the vast institution and a much occupied man. In presenting our letters of introduction we were advised to expect no courtesies except that Professor Kuttner would refer us to some assistant who would show us through the institution. When we meet him we indicate our desire not to encroach upon his time, but he insists on doing the honors himself. He gives us an entire day and goes with us through this hospital of thirty-five pavilions, explaining the administrative mechanism in detail, telling us of his own plans, and making suggestions for our new structure.

#### Institution Is Supported by City

This institution is supported by the city, which donates nineteen million marks yearly for its support. It was planned by Professor Virchow himself, famous anatomic pathologist, who was stricken before he had the privilege of seeing his life's work in execution.

There are two medical departments of 750 beds each, two surgical with 360 beds, one eye, with 55 beds, one nose, throat, ear, with 60 beds, one gynecological and obstetrical, with 230 beds, one female dermatology, with 270 beds. The entire hospital at the time of our visit was overcrowded. There is an appalling need for more medical beds for acute as well as for chronic cases. There is also in this vast institution provision for the mentally disturbed. This division is controlled by the medical department.

The hydrotherapy department is independent and in charge of a chief of this department. The work is done in collaboration with the heads of the various departments, though there is no infringement on its independent entity. This department covers a large amount of space, and there are diverse arrangements of water and light

baths. Professor Kuttner thinks that there is a definite indication for the necessity of having separate children's and neurological divisions, though he expresses uncertainty as to the value of a separate department of urology. The minor work ought to be done by a urologist, but major urology should be done by a surgeon, he believes.

#### Admissions Made Through Central Station

All admissions to this institution are made through a central city station, which keeps in communication with all the institutions and maintains a bulletin of available beds. There is a doctor on service over all admissions, three of the chiefs live in, a surgeon, a gynecologist, and Professor Kuttner. All the assistants live in the institution. Professor Kuttner believes in having all the doctors live in the institution and suggests that it is desirable for them to have a leaning and aptitude towards work in the laboratory. Laboratory men should be forbidden private practice. Each assistant has sixty beds, two assistants have one volunteer.

The assistants are paid, and there are two classes of volunteers—seniors, who live in, and juniors who live out but get money for food. There are thirty medical practitioners who receive board and lodging, and, if they have no other income, thirty marks a month. Each chief has under him an *Oberartz*. The hospital is controlled by an executive department, consisting of a medical man, a surgical man and a layman appointed by the city authorities. Professor Kuttner agrees as to the necessity of a monthly conference of chiefs. Each assistant makes daily rounds and the chief sees the important new cases daily. He is even subject to call at night. The medical men are called in by the surgeon to treat all medical cases in the surgical division. A patient suffering with gangrene, due to diabetes, is admitted in the metabolic division and a surgeon is called to render whatever service is indicated, the chief in the surgical department dictating as to who shall operate.

*West End Hospital:* This is an institution of 1200 beds with Professor Umbar, the consulting official physician of Germany, in charge. Professor Umbar is director of the medical division of 400 beds. This institution is not affiliated with any medical college. No private patients are admitted, only third-class patients. There are twenty-four pavilions, controlled by a medical man, surgical man and layman. There are two medical departments, two surgical, one x-ray and one pathological. All chiefs are allowed private practice. The specialists are called in consultation. In the admitting department two doctors

are on service through the entire day, one medical another, surgical. In doubtful cases the medical man is called in.

In the larger pavilions there are eighty beds, in the smaller from sixty to seventy beds. In relation to the first medical division, the following is a typical plan of organization: first an *Oberartz*, four assistants, four juniors, four volunteers, nine practitioners. They are all paid and live in the institution. There are five volunteers who receive no pay. Each assistant has in his charge from fifty to eighty beds. Before he is appointed (in this division which stresses metabolism) he must be an expert metabolist. The importance of hydrotherapy is stressed in this institution, especially for rheumatism and arthritis.

The laboratories are not centralized, each ward conducts its own work. Professor Umbar feels that all patients should be examined by a medical man. All metabolism cases are in one pavilion. The metabolism case is operated upon, and returns to the medical ward, so that we have a situation where the surgeon is called in to treat a patient in the medical department, and visits the medical department to dress his surgical case. This seems the more plausible arrangement, since the fact that the patient requires surgical care does not brush aside the fact that the patient still requires medical treatment, for his original malady. The diets are prescribed by the first assistant, not by the dietitian. The institution considers the diet important enough to occupy the attention of the doctor himself.

#### Assistants Rotate in the Wards

Each station is in charge of an assistant, one or two paid volunteers and one or two practitioners. The *Oberartz* substitutes for the chief in the latter's absence. The assistants rotate on service in the various wards. Professor Umbar believes in sun treatment and radium, and in the combination of both. He reigns as the head of a group system. We learn that this institution does not isolate its typhoid cases. Each building is a complete unit and has its own x-ray department, diagnostic department, laboratory and lecture hall.

We return to the Charité Hospital where Professor Franz is in charge of the Frauen Clinic of 200 beds. There are two parallel services. Each service is in charge of a professor, an *Oberartz* and seven assistants. All paid assistants are forbidden private practice. One assistant is chief of his station, which is under the jurisdiction of an *Oberartz*. There are six volunteers who receive no pay. The *Oberartz* has a right to private practice and visits the hospital daily for four or five hours. They assign men from this department

to the x-ray and radium departments. Professor Franz does most of the operating. The Oberartz is in charge of the polyclinic which is the outpatient and admitting department. There is no pavilion here for incubation and hot water bags are used. The wards have from two to eight patients.

It is characteristic of the doctors that they should want to remain for a long period in their subordinate positions to fit themselves for clinical work.

We leave Berlin for Carlsbad. We have no visé for Czecho-Slovakia and are put off the train at the frontier. Our affairs are soon adjusted with the payment of an insignificant fee, and we continue our journey.

#### Use for Saratoga Waters Suggested

At Carlsbad we go to visit Dr. Gustav Toepper, who was called to America by Governor Smith to prepare a plan for the utilization of Saratoga waters. Saratoga, according to Doctor Toepper, is a firstclass Nauheim. The doctor tells us, however, that it is not being used properly. He suggests that the water should be used for heart diseases and arteriosclerosis instead of for intestinal disturbances. There are undesirable people in Saratoga, he says, who are keeping off a large class who might really derive benefit from the natural sources available there. He sponsors the idea of the erection of a large hospital on an expensive scale, near the springs. This institution should be rented to the railroad company and conducted under the supervision of the government. American specialists in heart diseases should be sent to Nauheim for two years' intensive study, and should return to teach the Americans how to use the waters.

Doctor Toepper informs us that from the patient's point of view a continuous service is desirable, though a rotating service is better for developing doctors. The doctor approves of our institution and is especially pleased with our plans for separate rooms.

We visited the water, electric, mechanic and massage institutions that abound in this city. People from all over the world flock here for the supposedly miraculous treatments available. On one street in Carlsbad we heard many languages spoken, and saw people in the costumes of many countries.

Carlsbad does very good business, thanks to the tourists and the advertising which it receives constantly, because of the supposed therapeutic value of its waters. The sights in the street are striking; long lines of people standing with drinking cups in their hands waiting patiently to re-

ceive their share of water. People walk the street sipping the water with earnest expressions on their faces, showing implicit faith in this treatment.

We spoke with many doctors in attendance at these institutions and with the patients, many of whom we knew came from America. All felt that the benefit they were receiving from this pseudo-treatment was genuine; and yet there is nothing in Carlsbad in the way of treatment which we do not have here in America. There are, of course, the baths which are of much value. But we have similar baths in America.

From Carlsbad we proceeded to Prague. All traces of German influence have been removed from this city. Czecho-Slovakian is the language spoken; it is a conglomeration of Russian and Polish. The policemen understand German, but ignore all queries put to them in that language.

*General University Hospital:* We visit this institution of 600 beds and confer with Dr. Paul Kaznelson, a well known hemotologist and internist. The hospital is divided into the following departments: two medical, one surgical, one gynecological, one dermatological, two neurological and psychiatric, two children's, one eye, one nose and ear, one throat. The two medical and the one surgical divisions have their own x-ray department and laboratories. Temperatures are taken by armpit.

This is a teaching hospital. A division consists of a professor and first, second, third and fourth assistants. The professor and assistants make rounds daily. Each assistant has charge of twenty beds. The chiefs all give postgraduate courses for pay. One of the assistants is in charge of the polyclinic. Doctor Kaznelson believes in the establishment of a department of hematology. Students take histories and make physical examinations. The professor has the right to private practice and gets 800 kronen (\$24) a month. Each patient is autopsied as a matter of routine.

In Prague, we enter a decrepit old building, and from the fetid atmosphere suspect that the structure is more than two thousand years old. We go into the cellar, a most uncomfortable place, and find one of the most renowned scientists of Europe working in this hole. About him are thousands of rats to which he administers injections in the course of his work. This man, who is doing eminent glandular work, and making remarkable discoveries in the field of hermaphrodisim, eagerly explains his work with rats. His discoveries made in this dungeon are of a remarkable nature. His work consists of transplantation of sexual characteristics.

# Planning for Efficiency and Economy of Effort in a 110-Bed Hospital

THE architecture of the Jewish Hospital, St. Louis, Mo., a hospital of 110-bed capacity, is somewhat different from the usual type found in hospitals of this size. The central part of the hospital is eight stories high, while the two wings are five stories high. It is built in the offset style, the wings being cut off above the third story, allowing freer access for light and air.

The building faces Forest Park and has two miles of open space in front of it. All of the rooms on the park side have five-foot porches, permitting the beds to be moved out of the room to the open air. These porches, which are individual, are connected with the rooms by French doors. Each room has complete toilet facilities; running hot, cold and ice water; connections for radio; electrocardiograph; telephone; x-ray apparatus and an electric fan. The floors are of ter-

razzo and the halls of Carthage marble, up to within one foot of the ceiling.

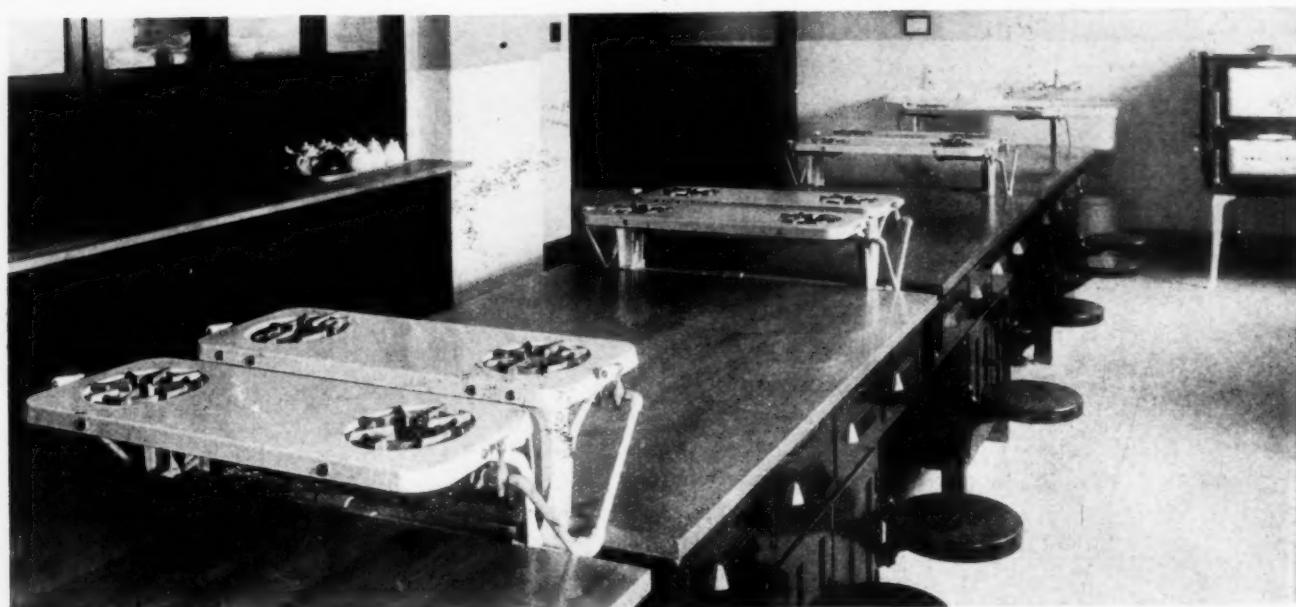
In the south wing there are ward accommodations for forty patients on each floor. There are two large wards on the first two floors—one for male and one for female patients. One floor is devoted to medical and one to surgical patients. Each ward consists of eleven beds, separated by cubicles. In addition to this, there are one-bed, two-bed and three-bed rooms, for patients who for any reason cannot be treated in the larger ward. There are from three to five outdoor beds connected with each ward, independent of the other beds, each having inside accommodations as well as outdoor. All the latest improvements have been provided for the patients, including base lights for wards and halls, and a new type of bedside table. Each floor has its own examining room, its diet kitchen, and its laboratory.



*The directors' room of the Jewish Hospital, St. Louis, Mo.*



*Above is shown the students' science room and below is a view of the dietetic classroom.*





*The dining room for the help at the Jewish Hospital, St. Louis, Mo.*

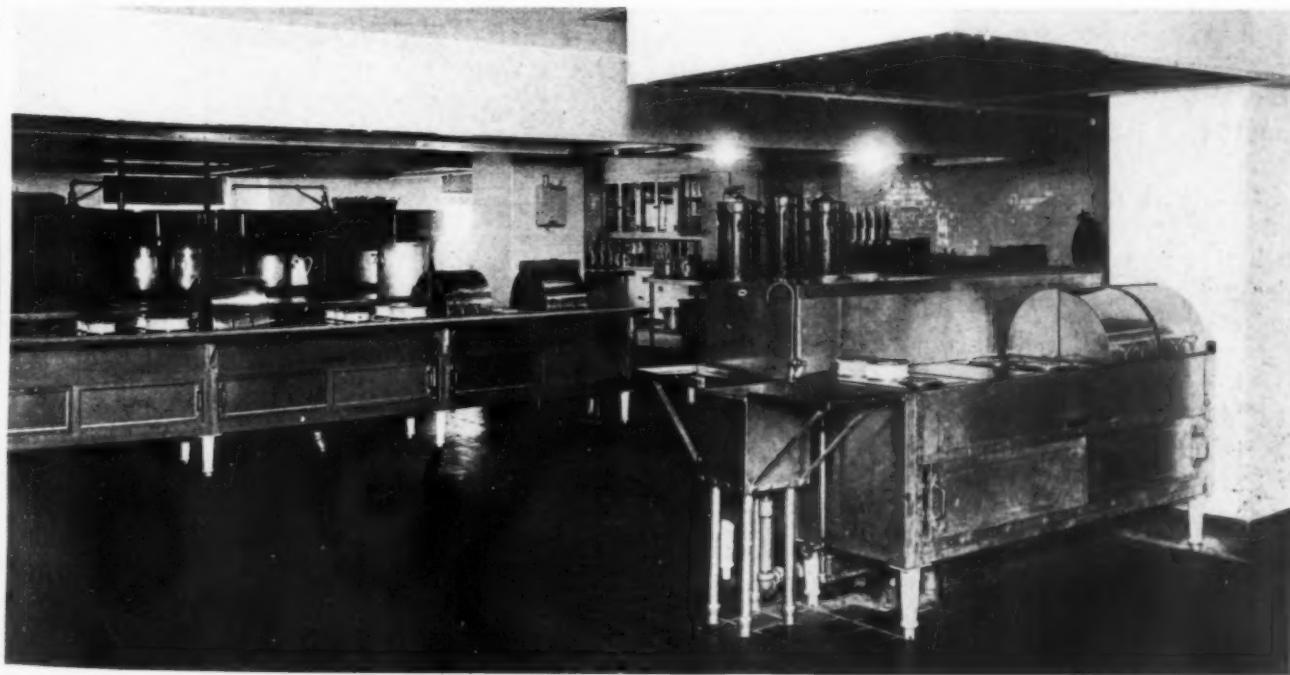
The arrangement is such that the head nurse can see practically every patient in the ward from her station. The arrangement provides for the greatest efficiency combined with economy of effort.

The obstetrical department occupies the third floor of the south wing, and is entirely cut off from the rest of the institution. There are two labor rooms and three delivery rooms, finished in a light blue-gray tile. Second-clocks are provided

for each room. The arrangements for taking care of the babies are modern.

The children's department occupies the fourth floor of the south building, and provides accommodations for twenty-five patients. This unit includes free as well as private service. All beds are separated by wire glass cubicles, and all windows are protected with bars. The play room and dining room are attractively equipped.

The laboratories occupy the east half of the



*A section of the kitchen.*



*One of the private rooms.*

north wing and are complete in their equipment. A full-time biochemist and a full-time pathologist are employed. In addition to these, the hospital is planning to add other full-time men when this becomes necessary.

#### Operating Suite Is on Fourth Floor

The fourth floor of the north wing is devoted entirely to operating rooms, of which there are six. There are four main operating rooms, which are twenty by twenty feet, each having a gallery for visitors, which is entered by means of a passageway instead of directly from the operating room. The operating rooms are all finished in a light blue-gray tile. An innovation is a wall clock recording seconds, permitting the anesthetist to count the pulse without looking at his watch. The four large operating rooms are arranged in sets of two, with a scrub-up room and nurses' room between, serving both. There are the usual anesthesia rooms, waiting room for physicians and visitors, locker room and shower for physicians and a laboratory for frozen sections. The air in the operating rooms and delivery rooms is filtered and washed before being pumped in. In winter the air is warmed; in summer it is cooled to seventy-five degrees.

The x-ray department occupies the west half of the third floor of the north wing. It includes the usual facilities for fluoroscopy, radiography and deep therapy. The building is so wired that a bedside radiographic examination can be made in any room, ward or operating room.

On the ground floor are the kitchens, dining room, emergency operating room, autopsy room

and laundry, and a receiving hospital. The latter is in charge of a graduate nurse and her assistant pupil nurses. Here patients may be received, their clothing removed and an examination made before they enter the main hospital. All clothing is sterilized and tailored before being returned to the patient.

The building is equipped in all departments with ice boxes connected with a central refrigerating plant.

The hospital is particularly noteworthy for its consistency of arrangement, the departments being accessible to one another and arranged to the best advantage.

Accommodations are provided for free and pay patients.

#### Financial Responsibility of a Hospital Superintendent

Luther G. Reynolds, superintendent, Methodist Hospital, Los Angeles, speaking before a meeting of the American Protestant Hospital Association, said, "The responsibility of administering the finances of a complicated institution rests squarely upon the superintendent. He must watch markets and trends and know how to interpret them. What will politics, floods or tornadoes do to the cotton, rubber, drug and other markets? Under existing conditions, when and how largely should he buy properly to protect his institution? He must broadly supervise buying and the placing of contracts. He must watch the collection of patients' accounts. Care of the property, perhaps the planning of new buildings, the investment of monies, all this and more must come under the direction of the modern hospital superintendent. He needs a course in commerce, commercial law, banking, medicine and a few other such minor lines."

# Restoring the Tuberculous to Economic Usefulness

By H. A. PATTISON, M.D.

Superintendent, Potts Memorial Hospital, Livingston, N. Y.

SINCE the discovery in 1882 of the tubercle bacillus as the cause of tuberculosis, those who have interested themselves in the campaign for the eradication of tuberculosis, have come nearly to unanimity of opinion as to the basic factors involved in their problem.

While the disease is essentially chronic and relapsing in character, it is now known to be curable, in the sense that the victim of the disease may be restored to a measure of health and economic usefulness for long periods of years. Early discovery of the disease offers the greatest possibilities of cure. To secure this happy result, the patient and his friends must be thoroughly educated concerning the disease in its protean manifestations. The sanatorium is the best place

in which to treat and educate the patient. But when he leaves the sanatorium he is not cured but still requires supervision and guidance.

Nothing quite takes the place of the sanatorium, even if it is a second-rate sanatorium. The dispensary, the family doctor, the tuberculosis class, the boarding house for the tuberculous in some so-called climatic center, are all useful for the tuberculous, but are most useful after the patient has had a period of treatment in a sanatorium.

The sanatorium regimen should cover a period never less than three or four months and usually much longer. It should be continued until the symptoms of clinical activity have subsided and the effects of carefully graduated exercise have been observed for several weeks or months.

Some cases are then in condition to return to the home for further care, provided the home is in condition to receive the patient.

The after care is no less important than the early discovery of cases and their treatment in a sanatorium, but adequate programs for their care are the least organized of any of our efforts.

There are numerous conditions that make the home unsuitable for the reception of the patient discharged from the sanatorium. There is the ignorance of the family concerning the various phases of treatment that must be continued, especially rest. The returned patient looks so well and feels so well that he is permitted, even encouraged, to do things that are detrimental to his health and that induce cumulative fatigue.

Suitable housing conditions and adequate equipment for continued treatment may not be available. The financial status of the family is often a source of worry and danger to the returned patient. The family may be in such straits that the patient worries himself sick, or seeks employment to supplement the family earnings. Usually he is unable to find suitable work and the inimical factors of employment bring on a relapse.

Education of the family, therefore, is imperative if adequate care is to be provided. It is too much to expect the patient to educate his family; this must be done by someone else. When the sanatorium is near the patient's home the sanatorium physicians often have the opportunity to teach the family, but the most useful teacher is the public health nurse.

The members of the family must be told what the disease tuberculosis means, its chronicity, its relapsing character, its deceptiveness. They must be told that the well nourished healthy looking person may be in greater danger of relapse than the one who appears ill and undernourished. They must be taught concerning the communicability of tuberculosis. Undue fear of tuberculosis still exists, and while this is to be combated, wholesome regard for the danger to children must be inculcated. It must be emphasized that children should not play in the room of the patient or be fondled by him. The necessary sanitary measures must be explained. These include proper disposal of sputum, care of dishes, bedding, clothing and floors. The attendant must know how properly to clean the room and change the bedding, so that dust and dirt shall not be carried to other parts of the house or apartment.

The home surroundings must be such as to provide free currents of air and floods of sunshine in the room. It may be necessary to insist that the family move to new quarters. The increased rental cost may have to be borne by the municipality or the charity organizations. The family must be maintained above the minimum comfort level. A common practice among relief organizations, both governmental and private, is to withdraw material relief when the patient returns from the sanatorium, especially if he attempts to work. Relief is doled out again when he suffers a relapse. This is an exceedingly short-sighted policy, resulting frequently in failure of the patient to complete his recovery, thus wasting all that has previously been expended. From the beginning of the disease to the end—whether the end is complete recovery and economic reestablishment of the patient, or his death, there must be unremitting aid and supervision.

#### Family Must Be Studied

The family as a unit must be studied and kept as much as possible in physical, mental and moral health. Physical defects of children should be corrected. Overwork and too much responsibility must not be permitted to break down the health of adolescent members of the family. Defectives and delinquents, if there are such, must be dealt with. The family should be carried along continuously under a single agency. Desultory, spasmodic, and multiple efforts have been the most flagrant defects in our modern attempts at practical sociology.

A detriment to effective effort for the tuberculous is the inordinate desire to present an imposing array of statistics—so many hundred calls at the homes of cases; so many thousands of

visits of patients to the dispensary, so many tens of thousands of pieces of literature distributed. Far better to carry ten tuberculous patients and their families through to definite rehabilitation than have a hundred patients making periodic visits to the dispensary for the sort of treatment and instruction that close investigation discovers to be common practice.

The care in the home of the patient who is definitely sick with tuberculosis, presents no serious difficulties. The family can easily be taught to care for the patient while he is in bed. It is when he becomes quiescent that the greatest difficulties arise. His rest, his exercise, his work, and his recreation must be rigidly supervised and should be prescribed in writing by the physician, just as a drug is prescribed. A toxic dose of occupational therapy or ergotherapy is just as dangerous to the tuberculous patient as too large and too prolonged doses of digitalis may be for the cardiac case.

#### Individualization Is the Watchword

In advising the patient as to the work that he must ultimately undertake, individualization is again the imperative watchword. There must be accurate vocational analysis. Just what operations and processes are involved in the job under consideration must be known. The health hazards of the industry must be learned. It is a rule now generally accepted that it is better for a man to return to his old occupation or engage in work in which previous experience can be utilized, than to be trained for an entirely new trade or profession. Lay workers in the campaign against tuberculosis are constantly asking for lists of suitable and unsuitable occupations. The physician who knows tuberculosis realizes that no such list can be made. There is scarcely any industry in which there is no job for a man who has had tuberculosis, and there is no job that may not be the wrong one for some patient.

There are four channels toward which the quiescent and arrested cases of tuberculosis may be directed for employment:

First, the sanatorium itself, where there are numerous tasks suitable for certain types of cases.

Second, special industrial colonies, such as Potts Memorial Hospital, Livingston, N. Y., Tomahawk Lake, Wis., and the Central New England Sanatorium, Rutland, Mass. These can care for only a limited number. They constitute, in a way, a halfway house between the sanatorium and the home.

Third, workshops similar to the Altro Shop, New York. This shop has now passed beyond

the experimental stage and is a pretty clear demonstration of the value of prescribed and supervised work for the tuberculous. It deserves to be copied in a dozen or more of our largest cities.

Fourth, normal industry. The largest number must necessarily go back into the regular trades and professions. Here the supervision must be directly through the clinic and the visiting nurses.

What applies to the postsanatorium care of the tuberculous applies with equal or greater force to the thousands upon thousands of those who, for one reason or another, cannot or will not accept sanatorium treatment. The definitely organized management of the tuberculous in their homes is therefore one of the imperative demands of the moment.

It is obvious that the major effort must be made by public health nurses, and some may aver that the nurses are now doing all or nearly all these things. It is not generally so; not because the nurses have not the ability and the vision, but because in most communities there are not enough of them, or sufficient financial and moral support for them, or facilities for doing a complete job. I have tramped the streets and alleys of several cities with nurses, and have climbed dark stairways into crowded tenements to observe their work. I have marveled at the patience and courage of these young women who, week in and week out, continue these more or less futile visits—futile because the resources at their command are so inadequate to meet the various needs. It may be asked whether such organized effort has been successfully attempted and how specifically it may be done. It has been done in two or three ways and in as many places.

In Cattaraugus County, N. Y., the county board of health, in cooperation with the Milbank Demonstration, has inaugurated a sanatorium extension service, carrying on in a large measure the program I suggested in a paper presented at a meeting of the National Tuberculosis Association held in August, 1921.

#### A Plan for Home Supervision

A plan of home supervision was put into effect early in 1925, and a large proportion of all cases of tuberculosis in the county are now under the supervision of public health nurses. They have been grouped in three classes, as follows:

First, there is the extension group, which includes all cases of tuberculosis in the first and second stages of the disease who have had at least three months' treatment and education in a sanatorium, who agree to cooperate with their physician and the district nurse and whose home conditions are satisfactory. The second group in-

cludes all cases in the first and second stages of the disease, who agree to cooperate with their physician and district nurse, and whose home conditions are satisfactory, but who have not had preliminary sanatorium treatment and education.

In the third group are all other cases placed under what is termed "Home Supervision," because conditions will not allow the application of the requirements and specifications of the other two groups.<sup>1</sup>

#### How Public Health Nurses Function

Public health nursing is conducted on the generalized plan, with specialized supervision. A careful record is kept of the nurses' activities, and it was found that about 20 per cent of the time of each nurse was devoted to tuberculosis. In a plan of "generalized nursing," if the total number of nurses is sufficient to do adequate general work, 20 per cent of their time is adequate for tuberculosis work.

One of the important things to be remembered in tuberculosis nursing is that every detail must be explained, as the uninstructed family is unable to determine for itself the relative importance of the various pieces of advice given. Nurses in Cattaraugus County are taught that they must emphasize the importance of rest, fresh air, proper diet and exercise, and must give instructions and demonstrations in the arrangement and care of the patient's sleeping room or porch, and the care of dishes, bedding and clothing.

Temperature and pulse are taken at each visit and constitutional symptoms are noted. The interpretation and importance of symptoms, such as loss of appetite, cough, hoarseness and loss of weight, are explained to the family and to the patient. Regular weighing is encouraged. The necessity for medical supervision and periodic examinations of the patients, and for the examination of all contacts, especially children, is stressed.

Supplies of sputum cups, containers, paper handkerchiefs, and bags are given to patients free, when necessary.

The full duty to the family includes a study of all members of the family. A history is carried of all who have been in contact with active cases who are under twenty years of age, of contacts where a death has occurred within the demonstration period and of contacts over twenty years of age who are in poor physical condition. Adult contacts of active cases are expected to have a physical examination once a year. Child con-

<sup>1</sup> "Experience in Finding Tuberculosis Cases in Cattaraugus County," by Dr. Stephen A. Douglass and Dr. W. C. Jensen.

tacts of active cases are given a physical examination every six months. No opportunity to stress health habits is overlooked and every effort is made to have defects discovered and promptly corrected.

Suspects are cases who have suspicious signs and symptoms or a history that suggests tuberculosis. They should have a reexamination in three months unless an earlier date is specified on the clinic recommendations. Every effort is made to get the necessary temperature record and history of symptoms through home visits and subsequent reexamination of patient.

#### Active Cases Visited Weekly

The nurses plan to visit active cases weekly, if possible; quiescent cases every thirty days, and apparently arrested cases every sixty days.

Clinics are held regularly each month in the district counties, and are held weekly in the city of Olean. Clinic appointments are limited in so far as possible to the new health examinations, examinations of contacts and suspects, examination of indigent cases of tuberculosis and cases of tuberculosis under supervision who have no physician. Nurses are responsible for the clinic procedure and the follow-up work necessary to carry out the recommendations of the clinician.

The city of Detroit, Mich., inaugurated the Sanatorium Extension Service two or three years ago. The director of the division of tuberculosis of the municipal board of health, Dr. A. H. Wehenkel, under date of August, 1927, gives the following brief statement concerning the type of service offered:

1. Fifty per cent of the services of a full-time physician are set aside for the purpose of supervising the treatment of patients who are handled under this plan. This physician makes weekly calls on all these patients and sometimes the visits are more frequent—depending on the condition of the patient. He outlines the routine for every individual case, giving instruction regarding the quarters for the patient—either a screened in porch, a shack in the yard or a suitable room—the diet, the medical care, the instructions to the family, and he records the general progress of the patient's condition.

2. The nursing service is provided by this department, and consists of frequent calls on the patient. For the first week or two the nurse calls every other day until the patient is thoroughly instructed and is able to apply the various instructions. All these patients are kept in bed as long as the symptoms warrant this. A tray service and a bedpan service are established, also proper isolation of the patient. The aim is to

keep the patient in a horizontal position at all times until the time when he is able to leave his bed.

3. Some member of the family is taught how to care for the patient. Her duties include the cooking and serving of food, keeping a temperature record, giving semiweekly sponge baths, caring for the proper disposal of the sputum and keeping the patient cheerful and properly isolated. If relief is necessary, it is furnished by the public welfare department. This may include food, wearing apparel and, at times, additional bedclothes and furniture.

4. The patients placed under this home treatment plan include (a) those who have a home and are willing to remain for the entire course of treatment; (b) those who are willing to leave an apartment house and rent a bungalow; (c) those who leave institutions and return to their homes for completion of treatment; (d) those who have been recently diagnosed and placed on the waiting list for hospitalization; (e) the terminal cases whom hospitalization would not benefit.

5. This treatment is continued until such time as the patient may leave his bed and be put on graduated exercises. As soon as he is able to return to the dispensary for periodic examination, the doctor no longer calls at the home but the nurse continues her visits.

Some sixty patients are being handled on the above plan. A record is kept of the number of nurses' visits and doctors' visits, as well as of the cost of the various expense items. It is likely that it will soon be possible to make a complete report of a certain number of patients who have been treated in this way. This will probably include 200 patients.

#### What Ohio Is Doing

The county sanatorium at Springfield Lake, Ohio, is the center of the tuberculosis campaign of Summit County, in which Akron is the largest center of population. The medical director of the institution, with the assistance of the sanatorium physicians, conducts a clinic in Akron and at other points throughout the county. Clinic cases that require x-ray examinations are taken to the sanatorium for this examination. Sputum examinations are made at the sanatorium. Educational propaganda is carried on from the sanatorium.

A trained social worker is sent into the homes of prospective patients to inform the family about the sanatorium, and she visits the homes of the sanatorium patients who are shortly to be discharged to see that the home conditions are right for the reception of the patient.

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## STUDIES ON HOSPITAL PROCEDURES

### Essentials of Staff Organization\*

In THE last issue of *THE MODERN HOSPITAL* some comment was made on the various types of staff organization that are observed in the hospitals of this country. A brief description of each, with its relative advantages and disadvantages, was set down.

It is the purpose of this article to discuss in some detail the various methods of selecting staff members, the duties and prerogatives of these physicians and some practical aspects of the relationship between the visiting and resident hospital personnel.

No matter what the size and type of the hospital under consideration, it is necessary that some type of well thought out organization be adopted. This is necessary, primarily, for the good of the patient. Because of this belief on the part of various organizations that have officially or unofficially undertaken the task of rating hospitals from the standpoint of their efficiency, a rather definite type of organization is required in approved institutions.

Various types of governing bodies are given the authority of staff regulation in our hospitals. Some time ago Dr. R. G. Brodrick, Stanford University Hospitals, San Francisco, undertook a survey of this matter of staff organization and of the methods employed in appointing visiting physicians to the country's hospitals. Thirty-eight institutions in all were questioned on this subject. In all of these there was some type of staff self-government, and in not a few instances an executive committee received its authority directly from the board of trustees. It may be said at this juncture that, particularly in institutions of size, smoothly functioning staff organization as a whole depends upon the efficient organization of the component individual staffs. For example, the medical, surgical and gynecological staffs are organized, a chairman and secretary are elected and monthly staff meetings are efficiently conducted.

The executive committee is sometimes appointed in part by the board of trustees and in

part by the committee itself. In one instance in the above survey the trustees annually appointed the heads of the five major departments. These, with two members of the staff at large, also appointed by the trustees, comprised the executive committee.

This committee recommended to the board of trustees the names of physicians for staff appointments. Just as often, the executive committee is appointed by the president of the medical board. The medical board in these cases consists of all the visiting physicians on the hospital staff. The term "visiting physician" here implies the members of the major staff, in contradistinction to assistants or dispensary physicians.

In another institution the board of trustees yearly appoints a medical council, consisting of a representative of each one of the major subdivisions of the staff, who, with the chairman of the medical committee of the board of trustees and the director of the hospital, constitute a committee to which medical administrative matters are brought for consideration, and from which recommendations proceed to the board of trustees.

### The Practice in Smaller Hospitals

In smaller institutions, the members of the major staff constitute the active, functioning body to which matters of medical policy affecting the conduct of the hospital are referred. In cases where this staff is so large as to become unwieldy, an executive committee is found to exist. It is a disputed point whether the medical superintendent of the hospital should be a member of this executive committee.

In some other organizations there are both a medical executive committee and an executive committee representing the board of trustees. In other instances there is definite intercommunication between the medical and lay executive committees, with interlocking membership. Again, particularly in smaller hospitals, there is no medical executive committee, but a chief of staff is appointed by his colleagues to represent the whole staff from the standpoint of furnishing to the board of trustees a consultation service on matters medical.

In very large institutions the basis upon which the medical executive committee is formed may be that of a representation of each hospital division. For example, in one institution the executive committee consists of one representative of the medical, surgical, obstetrical, gynecological, neurological, laboratory and tuberculosis staffs; one from the medical specialties as a group, which consist of dermatology and pediatrics, and one from the surgical specialties, which consist of genito-

\*This is the second of two articles on the subject of "Staff Organization."

urinary surgery, ophthalmology, laryngology, orthopedic and neurological surgery. The medical director of the hospital, and the president and secretary of the medical board are ex officio members. The personnel of this committee is rather constant from year to year, although from time to time, the appointive power—the president of the medical board—varies the divisional representation in this body.

#### Executive Committee Meets Monthly

In most staff organizations the executive committee is composed of men who are active and independent in thought, and who are able to devote sufficient time to the deliberations of this body. This committee meets not less often than monthly, and often, when sufficient business is at hand, weekly. Its recommendations are usually well thought out and are accepted more or less as a matter of routine by the medical board. They are then forwarded with the approval of the latter body to the board of trustees for final approval.

A rule frequently exists to the effect that any member of the executive committee who is absent from more than two meetings without adequate excuse, is automatically dropped, and his place filled by the appointive power.

The executive committee often consists of five or seven members, and it annually elects its own chairman and secretary. To it are brought matters of policy connected with the medical administration of the hospital, and from it go recommendations to the medical board, and from thence, to the president of the board of trustees of the hospital. Before this committee are also brought matters that affect the members of the various staffs and that may require disciplinary action. Failure to visit the hospital the required number of times, or to supply proper medical attendance to patients under the charge of any given staff member; controversies that arise between staffs; the matter of securing prompt and efficient consultations, and the conduct and supervision of investigative procedures, are but a few of the subjects that properly should go to this committee.

#### Medical Board Is Self-Constituted

The medical board is also a self-constituted body, electing its president and secretary annually. Recommendations concerning the conduct of the hospital may originate in this board, and may be referred to the executive committee for further study, or, in rare instances, matters may be independently considered here without reference to the existence of the latter committee.

The executive committee has power to act in the interim between board meetings. The medical

board usually meets at less frequent intervals than does the executive committee, this period often being quarterly. The superintendent of the hospital, if he be medically trained, is sometimes an ex officio member of the medical board, or in certain instances where he has a service in the hospital, he is a bona fide voting member of this body.

It can be readily seen from the above brief statement relative to current types of organization, that a direct line of authority extends from the board of trustees to the superintendent, and that in purely administrative matters, such as the enforcement of the edicts of the board of trustees, the superintendent's word is supreme, supported, of course, by the governing body of the hospital—the trustees. In a graph setting forth staff organization, there is often a dotted line from the administrator to the executive committee or medical board of the hospital. This line denotes a consultation relationship with the superintendent. On the other hand, insofar as the preparation of rules governing the medical technique of the hospital is concerned, the staff of the hospital is expected to originate these procedures, and to submit them through proper channels to the board of trustees for its approval.

#### How Staff Physicians Are Appointed

Some comment has been made above relative to the manner in which physicians receive their appointments on the hospital staff. The systems employed throughout the country vary considerably. In teaching institutions, recommendations for staff positions often originate with the medical school. Indeed, a clear-cut appointive power is not infrequently granted to medical colleges, approval of the board of trustees being only nominally required. This is true even in governmental institutions, which have recognized the value of admitting students to their wards. In some hospitals of this type, there are conducted two or more services covering each of the major branches and specialties. In this set-up, there may be one or more medical college services, as well as an open service whose visiting physicians are not teachers.

In several institutions represented in the study of which mention has been made above, the medical director of the hospital is given the appointive power, insofar as the members of the staff are concerned. In one institution, the members of the staff secure their appointments by annual civil service examinations. The advantage of this system seems to be that it prevents the physician falling into a rut, as he feels that his permanency depends entirely upon the type of service that he

renders to the hospital. Annual appointments, unless they are merely perfunctory, would seem to serve something of the same purpose. Hospitals all over the country are almost unanimous in the belief that the morale of the visiting staff is best maintained under the annual appointment system.

It would seem best, whatever system is employed, for the board of trustees not to relinquish at least a nominal approval of staff membership. Divided responsibility is not a good principle upon which to conduct any effort.

#### Self-Government Is Desirable

There are some practical problems that present themselves to hospital administrators in regard to the intimate and routine functioning of their staff members. It may be said here that a sound principle in the conduct of the medical work of the hospital is that of self-government. As has been intimated above, rules and regulations affecting staff members should originate in the staff itself, perhaps after consultation with the administrative officer of the hospital. These regulations then are given the official stamp of approval of the board of trustees.

Whenever an individual member of the staff objects to the strict enforcement of such rules, he should be courteously reminded that the rule is one of his own making, and that he therefore should be the last person to want to break it. Whenever, for example, a surgeon shows some signs of irritation because a conscientious operating room supervisor reminds him that a patient should not be brought from the street to the operating room, the nurse in charge is perfectly within her rights in directing the attention of the irate one to the fact that she did not make the rule, but that she is expected to require its enforcement. The questions of maintaining proper operating room technique, of insisting on consent for operation, of carrying out preoperative and postoperative procedures, are all matters the rules concerning which are not easy to enforce.

#### Rules Must Be Upheld

No personalities need enter into this question. In all fairness to the superintendent, to the directress of nurses and to the heads of departments, it should be said that staff members are not always reasonable in regard to the enforcement of such rules. If the rule is obstructive, then it should be changed through the proper channels, but as long as it exists, it should be a matter of pride on the part of the staff, to see that the legality and justice of its enforcement are never in question.

Shall a physician from another staff be permitted to perform work in a specialty department to which he is not assigned? This is a particularly troublesome problem in small institutions where staff members are not practicing specialties. A member of the medical staff, who, for example, in the course of his work, is accepting obstetrical cases, desires to admit a patient to the maternity service, and perhaps there perform some major surgical procedure. A gynecologist may desire to do nose and throat work in the hospital, or a junior physician some major or minor surgical operation.

Now, it is certainly true that in order to encourage younger staff members to render good service to the institution, the hospital should offer every opportunity to these men to carry on as much of their practice as possible within the hospital upon whose staff they are serving. It is also an obligation of the hospital to prevent men who are not qualified from undertaking work which, because of their lack of skill, may reflect unfavorably upon the reputation of the institution. Often a committee, consisting of the president of the medical board, the medical director of the hospital and the chief of staff of the department in which this work is to be performed, passes upon the qualifications of the physician in question.

#### Selecting the Courtesy Staff

This committee is also useful in selecting physicians for membership in the courtesy staff. The matter of allowing staff or nonstaff members to perform surgical operations particularly, is one of considerable importance to the hospital, and the personnel of the committee to which reference has been made should be most carefully selected.

In some hospitals a physician of distinction has, throughout a period of years, placed himself in a position in which his word is almost that of an autocrat. This man may be the chief of staff, a professor of medicine in a nearby medical college, or a man who possesses a personality and medical skill that place him in an outstanding position in the community. Such a situation often presents apparently insurmountable difficulties. The authority of the board is sometimes subordinated to the word of this physician. On the other hand, no hospital can possess a sound organization when it is centered in the person of one man. Such autocratic authority is to be discouraged.

The admission of a patient to the hospital should be entirely in the hands of the superintendent. Members of the staff should recommend patients for admission, to the superintendent, but

the question of their eligibility from the standpoint of residency or of ability to pay their hospital bills, should not be placed in the hands of members of the visiting staff.

The superintendent frequently finds himself in an embarrassing position in carrying out disciplinary measures in regard to staff members. It is not improper again to recall the fact that the superintendent is the enforcement officer, and that his right of enforcement of rules affecting the staff is in no way different from that affecting other members of the hospital's personnel. The superintendent must be free to solve problems of any sort that present themselves as a matter of emergency, and to look to the board of trustees for later confirmation. When no urgency exists, disciplinary matters of this sort may be properly referred to the executive committee of the staff for recommendation to the board of trustees.

#### How Long Shall Staff Members Serve?

Comment has been made above in regard to the manner in which staff members secure their appointments. The length of time during which these physicians serve is most important. In the thirty-eight hospitals comprising the study to which reference has been made, twenty-six function on a continuous service principle; two combine a continuous and rotating type of service; ten have a purely rotating service.

The comments made concerning the efficiency of the various types of service are interesting. The arguments in favor of a continuous service largely concerned themselves with the ultimate good to the patient, because of the greater possibility of a continued interest in and an efficient supervision of the patient's treatment. The added efficiency from the standpoint of conducting research in the various fields of medicine was also stressed. It was interesting to note that even in those hospitals favoring a continuous service, the members of the assistant staff often served shorter periods of time than their chiefs.

In several of the hospitals surveyed, visiting physicians were on continuous service—the assistants rotating every three, four or six months.

It was stated in support of a rotating service that the physician with periods of duty varying from three to nine months is given a period of rest from his hospital labors, and that, as a result, when he returns at its conclusion, he is more zealous and active in performing his hospital work.

It was stated by another hospital administrator that each physician is required to spend two hours a day in the hospital, and to him is assigned no

more patients than can be properly studied in this period, allowing for the time required for consultations and operative surgical work.

#### Assistants Recommended by Chiefs

The assistants in most instances were appointed upon the recommendation of their chiefs. In one instance, the chief of staff annually recommended to the board the names of twelve assistants, two serving at a time, each serving for two months.

The number of physicians available in the community seems to affect the type of service in the hospital. It was thought best by some administrators to adopt a rotating service for assistants, because not only were more young physicians thus given an opportunity to work in the hospital, but also because these physicians under this system could properly fulfill the duties of a staff appointment in more than one institution.

It is interesting to note that in none of the hospitals surveyed, has a continuous service once tried ever given place to a rotating service. In other words, the advantages of a continuous service were so marked in the minds of those answering this questionnaire, that no return to the original type of service could or would be contemplated. In one institution, the major staff served from October to June, the summer months being covered by the junior staff physicians. To the eye, ear, nose and throat services, a shorter period on duty was usually assigned. Even in institutions with a continuous service, the presence of a rotating three or six months' service in this specialty was often observed. In some hospitals, the visiting staff arranges its own term of service. Unless this system is more or less supervised by a central governing body, a great conglomeration of lengths of service will be the ultimate result.

In one institution, the services varied from six weeks to twelve months. This resulted from an unwise use of the permission allowing each staff to regulate its own length of service.

#### Some Hospitals Have Dual System of Service

In hospitals with a dual system of staff service, seen sometimes in institutions associated with medical colleges, the teaching service was most often continuous, and the open service rotating.

In another hospital, the assistants rotate at three month periods, serving alternately on ward and out-patient departments.

The opponents of the rotating type of service repeatedly stated in no uncertain terms that a patient who had suffered from a serious illness, and who was convalescing at the time of change of service, would be likely to receive inadequate

attention because of a natural lack of interest and understanding on the part of the incoming visiting physician. There is, no doubt, considerable truth in this statement, and it is more than a conjecture that the average hospital stay of the patient is increased because of this interruption in his treatment. The principle of allowing junior staff members, at some time during the year, to assume the responsibility for a service, is a good one, and it is also true that when promotions to the major staff are made, the junior staff should be carefully searched for eligible men to fill such vacancies.

Sometimes the type of patient being treated affects the type of service. It was noted that the surgical staff is more likely to be a continuous one than the medical. There is a question whether this distinction is basically sound. One hospital favoring a rotating service, stated that the private practice of busy physicians does not permit them to give as much time as is necessary to ward patients, but that they may be able to spare for hospital work three hours a day for three months, whereas they could not afford to spend this amount of time in the hospital over a much longer period.

#### Is a Full-Time Paid Staff Desirable?

The executive of a hospital possessing a rotating service, stated with considerable emphasis that the only solution to the question of a continuous or rotating service in his community, would be a full-time paid staff, or a staff that serves a comparatively short period during the year. Another superintendent was of the opinion that since the hospital was in and of the community, as many physicians as possible should be permitted to serve on its staff, thus bringing the institution in closer contact with the community's needs.

The answer as to which type of service is better, is to be found in the oft repeated statement that that hospital procedure or plan is soundest and most to be recommended which reflects most favorably on the condition and prospects of the sick man or woman. It would seem, therefore, that the trend of hospital practice is to favor the appointment of qualified physicians to a service that continues through the major portion of the year; that promotion from minor to major staffs is wise; that granting the full responsibility of a service to minor staff members at some period of the year is a good practice; that staffs should be made to feel that the responsibility for the enforcement of rules affecting their work rests with the staff, and that the superintendent is not unreasonable when he requires strict adherence to existing regulations.

#### Charges Moderate in Illinois Hospitals

Additional data to support the argument that hospitals are keeping abreast of all scientific developments in their field, that they are giving the best possible service to their patients through the use of modern equipment, and in the judicious choosing of their trained workers, at a relatively small cost to the patients, come from Ralph M. Hueston, superintendent, Silver Cross Hospital, Joliet, Ill.

Mr. Hueston sent out questionnaires to all hospitals of twenty-five to 150 beds within a 300-mile radius of Joliet, except Chicago, and received a 95 per cent response. No church hospitals were included in the survey.

The general average cost of a private room with bath was \$7.25, the lowest being \$4 and the highest \$13.

Private room with connecting bath averaged \$6, the lowest costing \$4, and the highest, \$10.

Private room without bath, general average, \$4.75. Lowest, \$3; highest, \$8.

Wards, two- to three-bed size, general average, \$3.25. Lowest, \$2.50; highest, \$4.50.

Wards, three- to four-bed size, general average, \$2.75. Lowest, \$2.50; highest, \$3.50.

Wards, four- to six-bed size, general average, \$2.50. Lowest, \$1.50; highest, \$2.50.

Average size of private rooms, ten by fifteen feet. Fifty-six per cent of the private rooms had telephone service.

Roentgenologists were employed in 62 per cent of the hospitals.

Intern training was given in 39 per cent.

Nurse anesthetists were employed in 95 per cent of the institutions questioned.

Seventy-nine per cent had nursing departments supervised by registered nurses. Twenty-three per cent required postgraduate work of their department heads. Eighty-six per cent required a high school education for their student nurses.

Only 23 per cent of the hospitals surveyed received aid from either county or city.

#### Psychiatric Education of Interns Neglected

The most neglected subject in the education of interns is neuropsychiatry, according to an editorial in a recent issue of the *Atlantic Medical Journal*. The main reason for this neglect, it was stated, is that there are few hospitals that provide such a service, and the mental hospitals that specialize, to a certain extent, in this subject are scarce indeed. Yet, it is an important subject, and one of which every medical man should have a well founded knowledge.

Neuropsychiatric knowledge is of sufficient importance to the practitioner that a state board of licensure should insist on requisites along these lines before an applicant may appear before the board for examination.

Suggestions for the education of interns on the subject of neuropsychiatry are that the mental hospitals take interns in for a long enough period to enable them to make a study of the subject; or that the general hospitals affiliate with the mental hospitals nearest them and in this way arrange for instructing the intern.

# Editorials

## California Beckons

**A**NNOUNCEMENT of the program for the thirtieth annual convention of the American Hospital Association at San Francisco, should serve to increase the desire of all hospital executives to join the westward trek.

A glance at this tentative program, reveals that sessions devoted to the presentation of formal papers have been liberally interspersed with others that give promise of possessing an air of informality, which ought to invite general and helpful participation on the part of the delegates generally. It is also refreshing to note that an allotment of time for play and sight-seeing has not been omitted.

It is gratifying to THE MODERN HOSPITAL to learn that a substantial number of hospital executives are planning to journey singly or in parties to the coast. To the uninitiated, their first dinner in one of the delightful cafés on the cliffs overlooking the Pacific, will provide lasting, pleasurable remembrances. The majestic grandeur of the Yosemite Valley, the wonders of the Yellowstone, and the mountains and lakes of the North Country, almost irresistibly beckon the traveler.

THE MODERN HOSPITAL, always interested in the cause of the American Hospital Association, rejoices in the prospect of a successful convocation next month.

The slogan of the hospital world this year is, "On to California."

## The High Cost of Liver

**T**IS indeed an ill wind that bloweth no man good. Since the pronouncement a few short months ago that a diet of liver has a beneficial effect on the blood making bone marrow and spleen, one more demand to vex financially worried hospital executives, has arisen. Venders of meat soon found that a commodity which a decade ago was given away as a bonus for a not unusual purchase, could be successfully priced at from seventy to ninety cents a pound.

That liver feeding has produced startling results in elevating erythrocytic counts in the case of many patients, cannot be denied. But hospital executives may rightfully wonder whether this is not another of the newer medical practices which while possessing merit, is being too generally ap-

plied. Certainly the assiduous search for secret sources of blood loss or destruction should not be replaced by the mere daily prescription of a hundred or more grams of this oftentimes magic working liver of calf. But in this, as in many other situations, the administrator must continue to meet the request of the physician until the generic medical mind has become satisfied as to the scope and limitations of this treatment.

Nevertheless, it is questionable whether the ethics of good business should permit the exaction of an exorbitant price for a commodity for which, in the treatment of the sick, a new but active demand has been created.

## A Widening Wedge

**“W**HERE does nursing want to go?" is the title of a recent report by the director of the Committee on the Grading of Nursing Schools. This is a question to which today, as perhaps never before, physicians, educators and sociologists the country over, are seeking an answer. Indeed, there is not a little uncertainty in the minds of nurses as to their ultimate goal, and as to the road leading thereto. The physician, too often, perhaps, feels that the nurse chooses to travel any road but the one on which he is journeying; the nurse, that the doctor is inclined to shun her professional company.

As a result, it would appear that the paths traversed by the members of these two fine professions, are daily becoming more divergent. There are murmurings among nurses that a new day has dawned—that no longer is the nurse the handmaiden of the doctor. The physician is inclined to counter with a reference to the over-trained nurse—to her autocratic independence in thought and action, of which he has real or fancied proof.

And while this debate progresses, the public looks cynically but helplessly on. Gone is the time when the nurse first looks to the doctor for advice and guidance in personal as well as professional matters. To her, his word is no longer law, for the fledgling has flown the nest, and finding to her satisfaction that her wings are now trustworthy, she is inclined to dispense with the advice of her medical preceptor and friend. And the doctor—palpably piqued at this unexpected display of independence—is displeased.

But the patient—where is he? Is his cause helped by this double display of militancy? Has this tendency to professional unfriendliness in any unfavorable way affected the hospital and its work? It is regrettable that, in some institutions, this question must receive an affirmative reply. Even the young intern is quick to detect,

and, later to emulate, a critical attitude on the part of his chief, when such exists. The nurse, who is usually a graduate in a supervisory position, either accepts this often thinly veiled lack of confidence or retaliates in kind. Nor can it be said that the lack of tact and of ethical conduct is always first manifested by the physician.

There appears to be no immediate, complete remedy for this situation. Perhaps in the work of the grading committee will be found a basis upon which a successful readjustment of the present vexed problem may be founded. Perhaps such unsatisfactory periods are necessary in the growth of a profession as well as in the growth of an individual. Nevertheless, THE MODERN HOSPITAL deplores this tendency to misunderstand each other, which is so often exhibited by some representatives of the medical and nursing professions. It urgently calls for a return to first principles; for an appraisal; a realization of the blighting effect on the welfare of the sick of the entrance of personalities.

It is high time for the leaders of the medical and nursing professions to put off the cloak of militancy; to cease the discussion of such relatively petty matters as salaries, hours and personal or professional priority, and to don the garb of medical humility, which so becomes those who serve the sick.

### Sensible Giving

**O**UT in Lincoln, Neb., lives a man named J. L. Teeters who is the president of a hospital board of trustees. The hospital needed a nurses' home and he is supplying them with it, all completely furnished and ready for occupancy. There was only one string to the gift, and it was a sensible one. The hospital is to pay him \$3,600 a year as long as he lives. This amounts to 4½ per cent on the money that has been put into the new nurses' residence but at the time of his death the hospital will have the property free and clear.

It would have been less trouble for Mr. Teeters to have made a provision in his will leaving the money to the hospital as so many others have done before him, but he thought—and rightly so—that the time to give is when the hospital needs it and the interest charge he has made is several points lower than the bank would have charged. In this way he has not lost the use of his money while he is alive, he has given generously when the money would do the most good, and he lives to see that it is expended in a sane and proper manner.

Many more such gifts could be made to hos-

pitals and Mr. Teeters' example will undoubtedly be followed by others who will see the practical method in thus helping the institutions without losing income or losing only a part of the income and not waiting to write it into a will that may be contested and broken.

### Talking It Over

THE month of roses, graduates, brides, valedictories and Mrs. Elizabeth Ross has just closed. Robert Morris and George Ross may have devised the flag but, manlike, they left the making to that redoubtable seamstress, Betsy, who probably learned the sewing on of stars and the basting together of stripes from the doing of her husband's mending. If any committee of males had to create a new flag today, it would have a hard time getting any committeeman's wife to do the sewing, the average housewife being now as unfamiliar with a needle as is a Detroit with a currycomb. All the greater credit to Betsy whose crown has at least forty-eight stars. Had the original plan of one star and one stripe for each state been followed, the "grand old rag" would now look like a crazy quilt and no modern Paul Jones would be willing to fly it from his masthead. Thank goodness we stopped having stripes in 1818 and went back to our original thirteen, and Taft's arrangement of six rows of eight stars is admirable. But what of the future? Hawaii will bring it up to seven rows of seven stars and Alaska can be accommodated by four rows of eight stars, alternated by three rows of six stars. Porto Rico? Aye, there's the rub. Fifty-one is a singularly recalcitrant number, lending itself ungraciously to symmetrical arrangement. Here is a problem for the artistically minded.

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**W**HEN will we quit fighting the War of Independence? Last year it caused 195 deaths and 3,179 injuries in 600 cities of our fair land; 48 persons were burned to death; 16 children died from eating fireworks. As an alleged civilized nation, isn't it about time that we declared peace and "fireworklessness" for the Glorious Fourth?

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**R**ECENTLY a physician of note boldly talked on the smooth diet at a hospital meeting as opposed to a terrific trend toward roughage or as some so aptly call it "rubbage." His arguments were sound, were based upon considerable experience and thought and struck a comparatively new note in dietary practice. He was logical in the presentation of his facts, thorough in the treatment of his subject and instead of antagonizing the hospital dietitians present he made of them firm friends.

At the same meeting and indeed on the same day another man of medicine of even greater note, practicing in the same institution, illogically attacked hospitals for their high costs and poor business methods and took occasion to criticize the nursing profession as a whole. His points were not based upon any facts whatever, they were illogical and discourteously presented and of course he made many enemies. This is a parallel without a moral, except it is perfectly obvious that doctor No. 1 has definitely contributed to medical lore whereas doctor No. 2 has torn down part of the structure that supports medicine, yet No. 2 is known in every part of the world

and his word is taken as law. He has enough money to start a university of his own if he so chooses, while No. 1 is still an excellent physician of moderate means, known only in his own profession but, and here comes what moral you may gather, he is heartily respected for his ability.

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**T**HEY have been holding a dance Marathon in Chicago, the city that seems to foster and indulgently smile at her many disgraces. Huge crowds have packed the hall where this has been held and there is never a moment of the twenty-four hours when someone is not pouring money into the coffers of the promoters who are exploiting weak-mindedness. It has been said that those who have danced for more than one hundred hours are "out of their minds," which certainly cannot be such a terrific loss to society.

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**Y**ET we have spent so much for the protection of the insane and helpless it seems that we ought to spend a little for the prevention of insanity. The health officer of Chicago would not stop the atrocity because there was no precedent, and because all of the contestants had signed waivers stating that they were entering the contest of their own free will. On this premise a drunkard could sign that he was entering the throes of alcoholism of his own free will and should not be arrested and confined, a drug addict could do the same, perhaps burglars and gunmen could do the same and escape punishment. None of these is a greater menace than the dance Marathoner. Undoubtedly other contests will follow this one, and there will be an epidemic of endurance dance Marathons, unless they are stopped. Oily gentlemen with dubious pasts and a great unwillingness to earn a respectable living may exploit these poor souls who seek notoriety, mistaking it for fame.

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**W**E do not oppose dancing, which like everything else should be done in moderation, but the drought that is supposed to have fallen upon this country is due to overindulgence in the grape by the few, and it would not be unreasonable to find dancing prohibited if those unable to think for themselves are allowed to dance for three hundred hours without stopping. Then we will have the menace of the "dance easies" and the "Blind St Vitus," with gang leaders warring to see which shall furnish the music.

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**T**HE poet's pertinent query, "What is so rare as a day in June," seems to be answered—or is it augmented—by "What is so rare as a day in June without a nurses' graduation!" Yet how beautiful are these occasions when they are staged by competent instructors and under dignified auspices? The girls entering the hall by twos, clad in their spotless uniforms, the platform appropriately draped, glee clubs singing, and the entire assemblage literally on the edge of its seat awaiting the distribution of diplomas to those who have diligently worked for many months that they may be competent to go into the world to help suffering humanity. All differences are forgotten for at least this short hour and the medical staff, hospital personnel and the students join in a blissful contemplation of what the future holds for the girl who is receiving her sheepskin. Has she an engagement ring already, has she hopes, will she remain with the hospital,

has she determined to don the armour of battle and become a private duty nurse or is she one of the lucky ones who will enter public health service? There is a marked difference between the nurse graduate and those who are participating in daisy chains in finishing schools, and the advantage usually lies with the nurse who is prepared for a life of humane activity as against possible idleness and teacup balancing. However, there is no rule, the nurse may prove to be the sloth and the finishing school girl the useful member of society after all. Sloths are born not made and the "resurfacing" done at finishing schools will not spoil the sensible girl, nor will a useful education help the foolish one.

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**"H**OW do you get away to these conventions?" This question or a similar one is often put by one hospital man to another. Here's a suggestion for those who are asking themselves how they can arrange to be with the crowd at Frisco next month: Take a copy of the A. H. A. program which appears on page 95 of this issue of *THE MODERN HOSPITAL*, to the president of your board of trustees, underline the speakers and subjects of particular value and interest to your hospital. Tell him you will see that the work does not suffer while you are gone. Admit to him that you are not sufficient unto yourself. Tell him you need the ideas and inspiration of the meeting. Explain that this is not a social but a business meeting, where the best brains in the hospital business compare notes, give and take, and profit by the exchange. Tell him you feel confident that you can bring back plans and ideas of value to the hospital and, if you will, tell him that you will submit to him a report on what you learned and brought back to the hospital. Such a report would serve two purposes; it would help you to concentrate on the talks, take notes and crystallize the information you receive. It would also convince the chief of the soundness of your idea and he would see in written form the results of the hospital's expenditure in time and money.

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**M**ANY good words fall into disuse because they meet untimely death at the hands of those of small vocabulary and those who love to hear themselves roll round their tongue syllables that make them seem important. "Service" was once upon a time one of our best and most expressive words, but it is seldom used these days because it has been twisted and distorted by the high pressure boys until its meaning has been cheapened and changed. The next word that seems to be headed for the philologic graveyard is "research." It has now reached the point that when anyone spends more than ten minutes thinking about a problem he thinks he has done considerable research. If he talks to another person regarding the subject he has been in "conference" and is ready to "service" his fellow men. No cure can be suggested and we can see no way of stopping the use of those terms, it is just one of the grammatical catastrophes from which we suffer.

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**T**HE man who really wants something and really knows he wants it, is mighty hard to hold. Too many of our wants are half-portions; too many of our wishes are day-dreams, vaguely sensed, unstimulant of action and unprovocative of result. To accomplish, we must so hunger that we will be untiring, undivertable, tenacious, irrepressible, laboring without sleep to our eyes or slumber to our eyelids until the want has been satisfied and the end gained. Wanting is half; doing is all.

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*The Modern Hospital Reading Course: Lesson XIX*

# Hospital Social Service

By E. H. LEWINSKI-CORWIN, Ph.D.

Director, Hospital Information and Service Bureau, New York

SOCIAL work in connection with hospitals is a distinct and a humane contribution to the care of the sick. The social worker has become an important adjuvant to the physician in the modern impersonal institutional organization of medicine. In the course of his practice the physician in the hospital or dispensary takes care of multitudes of patients whose environment and background are utterly unknown to him.

Before the era of "mass production" in medicine, to borrow an industrial term, the family physician did not need a social worker. He called at the homes of his patients, knew their economic, social and family relationships and could apply this knowledge whenever it was called for. Today he needs a social worker as he needs a pharmacist, a physiotherapeutist, a radiographer or a pathological chemist. It is a case of differentiation of function in the evolution of the medical armamentarium.

After the need for social service in relation to hospital and dispensary patients had become evident, and such service had been experimentally tried out, it gradually became recognized. Although it has but recently reached the legal age, it has acquired suffrage rights everywhere throughout the length and breadth of our land.

Like every other branch of activity, it requires critical self-analysis to ensure its utmost usefulness. Its fundamental philosophy as well as its technique of procedure require reformulation from time to time to check certain tendencies or to encourage others. The first attempt at such an analysis was made under the auspices of the public health relations committee of the New York Academy of Medicine, and was published in the *New York Medical Journal* in the issues of January 8 and January 15, 1921. The study was limited to a certain group of New York City hos-

pitals and dealt with the fundamental conceptions and problems in hospital social work, as well as with methods of procedure, personnel, resources and record keeping.

No service can be adequately studied and its results scientifically analyzed until its purposes are clearly stated and generally recognized. The best attempt at a formulation of the functions of hospital social service is that contained in the interval report of the committee on functions, ap-

pointed by the American Association of Hospital Social Workers\*. In this report, which everyone interested in hospital performance should read with attention, the major activities recognized as appropriate to hospital social service are summarized under four heads:

1. Inquiry into the social situation of hospital patients, and reporting of the findings

2. Determining, in collaboration with the physician, the factors in the social situation pertinent to the patient's health, and stating these as medical social problems or diagnoses.

3. Setting up, in collaboration with the physician, a possible goal or best estate for patient to aim for, given the medical problems and the social situation of patient, and distinguishing the rôle the social worker is to play in the plan for helping the patient achieve the goal.

4. Executing the social worker's part in the plan for helping the patient achieve his best estate.

The report discusses certain basic activities of hospital social work, and stresses the importance of the hitherto neglected activities in the prevention of disease and in the promotion of health. It points out the often existing conflicts when medi-

\*This report was published in the May, 1928, issue of *Hospital Social Service*, pp. 445-483.

## Review Work

1. Does the specialist need social service more than the general practitioner?
2. Why is a social service diagnosis helpful?
3. Which would you prefer to employ as social worker—a nurse with social service training or a graduate of a social service school without training as a nurse? Why?
4. Define a social service exchange. What is its value to the hospital and patient?

to the responsible physician.

co-social and relief agencies are interested in a particular case, but it has as yet no solution to offer, except good will, in a cooperative effort. It refers to the existing differences of opinion in relation to functions to be delegated by the physician to the social service department. Specifically, should social workers be charged with the study and treatment of personality difficulties and disturbances? The report expresses the positive view of the committee to the effect that "the treatment of the personality problems is as appropriate for hospital social workers as the treatment of social relationships. The important point in both is ability to understand and influence."

### Social Diagnosis Is Important

Diagnosis in medical work is the foundation on which treatment is built. The report stresses the equal importance of the social diagnosis. In conjunction with the medical findings such diagnosis should throw light on the interaction between the existing social situation and the illness. This calls for a standardized nomenclature and a generally accepted classification. The end results of social work can never be studied on an adequate comparative basis without an agreement on terminology. Miss Gordon Hamilton, Presbyterian Hospital, New York City, has suggested a "Medical Social Terminology".\* The following two cases may illustrate the suggested method of classification:

**Case 1.** Patient is a Canadian, seventy-one years old, living alone in a furnished room; suffering from double hernia. He has had a long standing quarrel with his brother, who ran away with a girl who jilted him. He has no funds, is proud, sensitive, ultrarefined, and hard to deal with medically, because of his refusal to face the facts of his disability. He has borrowed as much as he can from friends in a gentlemanly way and must be helped by a social agency.

#### Classification:

- Impairment incident to hernia.
- Generalized inefficiency: old age.
- Inferiority sense.
- Symptomatic behavior: evasion of reality:  
hypergentility.
- Estrangement from kin.
- Homelessness.
- Society dependency.

**Case 2.** Patient is a sixteen year old boy, living with his father, mother, grandmother, and seven siblings. He is a high grade moron of the stable type. He has a severe case of bronchiectasis and a change of climate has been recom-

mended. His home is comfortable, but small, and the patient has been sleeping with three brothers in one room. The father's income as a waiter is supplemented by a flourishing business as a boot-legger, and he is unwilling to move his family. Two of the other children are mental defectives.

#### Classification:

- Respiratory impairment: permanent.
- Activity greatly diminished.
- Feeble-mindedness: moron.
- Family history: mental defect.
- Overcrowding.
- Hypercomplex duties.
- Unsuitable climate.

Whether this particular method of recording gains universal use or not, the fact remains that hospital social work requires, first, agreement on functions and then on the exact meaning of the terms employed, on the type of records used, on the size of personnel in relation to magnitude of the problem, and on the measuring of end results.

### Records Kept Vary Widely

The study by the public health relations Committee of the New York Academy of Medicine, referred to at the beginning of this paper, brought out the then existing wide differences in the types of records kept, the information recorded and the way the information was recorded.

The items listed on the 675 records in the fourteen hospitals included in the study divided themselves roughly into six categories:

1. Identification data, such as the patient's name, address, age, sex, nationality, time in the United States, conjugal status.
2. Medical history, that is, past and present history, the diagnosis, treatment and complications of condition.
3. The training and work of the patient, covering education, special fitness, past and present occupation and the nature of the work.
4. Home and family, calling for information concerning the size of the family, the number of dependents, number of rooms occupied, ventilation, and other sanitary features of the dwelling.
5. The financial status, including information concerning the wages and other sources of income, also data bearing on the budget of the family, particularly such items as rent, insurance and other definitely ascertainable expenses.
6. The social service problem and what has been done for the patient. At that time emotional strains and stresses and other psychological data were rarely, if ever, recorded.

The records examined revealed that the greatest similarity of questions pertains to the identification information. The items concerning the

\*The Hospital Social Service, March, 1927.

medical history were more varied. Every record, however, had space for diagnosis. On some of the blanks there was an entry for previous treatment or for previous places of treatment, and on two, for previous illness. Likewise on only two of the cards was space provided for present medical treatment, and on three, for complications. It seemed that the records called for too little information concerning the physical and mental condition of the patient, the mode of treatment prescribed and the progress made under treatment.

#### Vocational Information Sought

With regard to the vocational training and work of the patient, the present or last occupation was invariably inquired into. Only one of the cards suggested an inquiry into the type of job, and only three asked about the industry in which the patient had been employed. In five institutions the question was asked whether the employment was seasonal or steady. The question of unemployment was raised on nine of the record forms. In only one instance were the hours of work inquired into. Something regarding the education of the patient was required to be recorded in three institutions and in two information was requested regarding his vocation and special training. Here again the forms were open to criticism, in that they did not call for sufficient information concerning the industrial hazards of occupations, and evidently did not lay particular stress upon the relation between disease and the work and habits of patients. With respect to the home and family conditions, the information required was full and more or less uniform. Here again little importance was evidently attached to obtaining facts concerning the condition of health of members of the family other than the patient. Such information is of importance from the point of view of making plans for the family, as well as from the standpoint of disease prevention.

With reference to the financial condition of the patient, the schedules on that score were, on the whole, satisfactory, although in only a few instances were inquiries made into the family budgets, except as to expenses for rent.

As to the social service problem, in five instances the record called for a definite statement of social diagnosis, or for information regarding the immediate need or the apparent underlying problem. In other instances no statement of the problem was attempted. The same five record blanks, with perhaps one exception, called for rather minute information concerning the social worker's treatment of the case and the final disposition of it. The other cards varied in detail

with regard to these points: some provided for the discussion of measures of relief and other services performed.

On the whole, it may be said that the social service record forms called for a great deal of relevant information. In most instances the data secured were probably sufficient to permit a proper planning of action. What most of the records badly needed was a topical arrangement of information under several general headings, and the segregation of data in such a way that the details of the investigation would be separated from the main facts about the physical condition of the patient and his economic and social difficulties. Above all, there was apparent a need for similarity in recording the facts, and also in assigning precise meanings to the terms used in the records.

#### A Suggested Record Form

A record form has been offered by the author for consideration and possible trial.\* It goes without saying that in many instances there would be no need for all the minutiae provided for in this record, but the need for a standard record is manifest. This form divides the information into four major sections. The first deals with the physical condition of the patient, present and past, and provides space for noting changes in physical condition in course of time. The second provides for a statement of the social service problem as seen by (a) the patient himself, (b) the physician, and (c) the social service worker after she has studied the case. Tentatively, eight types of problems are enumerated, and all the social service worker has to do is to underscore the problems encountered in the case. The third section provides space for recording the action taken by the social service worker to meet the problem of the patient. The fourth section which occupies the whole reverse side of the record is devoted to the recording of the details necessary for the social service investigation or for arriving at a social diagnosis. Here the items call for information about the patient, his home, his family status, his budget and the changes occurring in the budget in the course of time. Finally, space is provided for a record of visits made and for the notation of facts secured from the Social Service Exchange.

Social work has established itself in our hospitals and it more than justifies the expense involved in its maintenance. It should be accorded the position of dignity its importance warrants, and should be supplied with an adequate personnel and an adequate budget.

\*See Hospital Social Service, December, 1925.

## YOUR EVERYDAY PROBLEMS

*A department devoted to the informal discussion of problems arising in the everyday life of the hospital superintendent.*

[No attempt has been made to offer final conclusions relative to the questions considered in this department. THE MODERN HOSPITAL will gladly welcome further comment by its readers on any of these problems, or the presentation of other queries for discussion in later issues.—Editor.]

### What May Be Done to Prevent Tuberculosis in Nurses?

Superintendents of hospitals and training schools are from time to time distressed by the fact that a student nurse has developed active pulmonary tuberculosis during her course. Moreover, it is often felt by the parents of this young woman that exposure to the disease during the course of her hospital work, has led to this grievous occurrence. As a result, the hospital is immediately put on the defensive, and in some instances an endeavor has been made to assign the whole responsibility for the presence of this disease to some fault or failure on the part of the institution or its nursing school.

Without doubt, one of the first concerns of the hospital should be to preserve the health and hence maintain the efficiency of its workers. There is also a strong humanitarian appeal in protecting the health interests of nurses and physicians. But to place upon the hospital all responsibility for such an occurrence, presupposes that tuberculosis is contracted as a result of exposure to this disease in the same manner as are scarlet fever, diphtheria, measles and other contagious diseases.

A knowledge of the generally accepted methods of transmission of tuberculosis is necessary to answer the above question satisfactorily. It is not felt by those best informed that contact with patients suffering with tuberculosis is more than a contributing factor to its transmission.

It is a well known fact that a large percentage of adults at some time in their lives have had a tuberculous implantation, and that those who break down with the disease do so largely because of a temporarily lowered resistance on their part. When a nurse becomes ill with this disease during her course of training, it is probable that contact with patients has not played a major part in bringing about this condition. It is more likely that because of fatigue, hygienic indiscretions or some other more or less preventable condition, her resistance to infection has been so lowered that she has become ill as a result of the lighting up of an old focus of infection, which may have been of years standing.

To prevent a nurse from breaking down as a result of a tuberculous implantation, therefore, implies that her resistance must be kept at the highest stage throughout her three-year course. Upon her entrance to the school, the most careful physical examination should be made, her weight recorded and a rather complete family history

taken. To x-ray the chests of all applicants, while somewhat expensive, is thought by many to be worth while. Those under weight should be placed on a special dietary, rest hours enforced and perhaps "late passes" forbidden. In large institutions, periodic weighing of nurses under the supervision of the health director of the school or of some person especially assigned to this task, appears reasonable. Careful supervision of the nurse's daily life to bring about proper hygienic living, is necessary.

The hospital, of course, should provide well ventilated and lighted living quarters which are thoroughly house-cleaned at regular intervals.

To require that all nurses report for treatment when "colds" are oft recurring and too persistent, or when any other ailment makes working a burden, is a common sense edict.

Finally, it should be remembered by hospital and training school superintendents, as it usually is, that pupil nurses require someone to take the place of the parents whom they have so recently left, and that the supervision of their mode of dress, their exercise and other homely but important daily activities is of prime preventive medicine importance.

### What of Hospital Politics as It Affects the Superintendent's Work?

This question was asked by a superintendent who is having difficulty in preventing certain of his personnel who are friends of long standing of an influential member of his board, from using this fact to secure favors that cannot be granted to everyone of their rank in the hospital.

As long as there are two people in this world, one will endeavor to influence the other to his own advantage. Unfortunately, in the hospital petty politics too often tincture the business of administration. Indeed, this often occurs when those concerned are not fully conscious of the reasons why their minds are being swayed toward a certain decision. Sometimes a pernicious brand of local politics enters into the hospital's conduct. Staff positions are secured by special influence. The superintendent's assistant is selected for him, or an anesthetist is employed because of her acquaintanceship with some influential member of the board, rather than because of her knowledge of anesthesia.

Fortunately such occurrences are the exception rather than the rule. But the life of the superintendent is too often made miserable by his being deprived of his right of free and unhampered selection of employees. Indeed his further usefulness may be actually destroyed because an appointment is made by the board of trustees without his approval or even his knowledge. When a superintendent is placed in such an unenviable position, he is sometimes able to extract himself by recalling to his board

that the hospital exists for one purpose only, that of healing the sick, and that every action must be judged in the light of this standard alone. Again, he may direct the attention of the board to the fact that the simplest principles of organization require that business must be transacted along definite routine lines, and that any deviation from this practice tends to disorganization.

It is certain that the dignity and the authority of the superintendent must be upheld if he is to maintain his disciplinary hold upon those working with him. Any organization in which special favors are a basis of promotion or of appointment, exists in spite of rather than on account of this fact. If every board of trustees, every superintendent and every directress of nurses could continually measure the wisdom of their actions by their effect on the welfare of the patients, and by the ordinary principles of conducting business, such unfortunate occurrences as are mentioned above could be avoided.

#### Should Stillborn Infants Be Included as Hospital Deaths?

The compilation of hospital statistics is a varied and uncertain process in many instances. It appears from some annual reports that an effort has been made to increase the number of admissions, and to decrease the number of deaths so that the mortality rate may approach as near zero as possible. In some instances, admissions to the maternity ward by birth are not counted as admissions to the hospital. In others, births are counted as admissions, but deaths are omitted from mortality statistics.

Infants at term that are stillborn should properly be included as hospital deaths. They must also be considered as hospital admissions. Good practice requires that if the latter is done, the former policy must also be adopted.

In most institutions, if four and one half months of gestation have not passed when pregnancy is interrupted, the case is not reported to the coroner, and a birth and death certificate are not executed. If, however, this period has passed, even though the child is not born alive, the death is counted as well as the birth.

Institutions often state in their rules that the dividing point is the period of viability, which is variously set at from six to seven months. It should be borne in mind that whatever system is adopted, statistical fairness requires that for each admission with later hospital death, there must be a proportionate addition to the mortality statistics.

#### Who May Inspect the Patient's Chart?

THE MODERN HOSPITAL has been asked to express an opinion as to whether attorneys not representing the patient, the insurance company that insures the person who caused an accident in a public liability case or the firm who insured a patient who had been injured, should have a transcript of the patient's records without his or her attorney's consent. In a recent issue of THE MODERN HOSPITAL, this subject was briefly discussed. Since the above question is somewhat more inclusive than the previous one, some further comment seems justified.

This question covers an important phase of the hospital's obligation to protect its patients' interests, whether they be physical, financial or spiritual. It would be unfair for the hospital to allow any one to inspect a patient's records or to learn the details of his condition when such information would prejudice his chances to secure justice

for an injury done him by another. This is particularly so when the patient is incapacitated by illness and hence is unable to look after his own interests effectually.

The law usually provides that the defendant in a damage suit has a right, before the case comes to trial, to examine the patient or cause him to be examined by his own agent. This statement, it seems, presupposes a certain right on the part of the defendant to secure information that will enable him to prepare his case. On the other hand, for the hospital to allow unauthorized persons access to the patient's record before the case is ready for trial, is both unwise and unfair.

It is the practice of some hospital superintendents not to turn over the patient's records to an attorney seeking information therefrom, but to give to him the diagnosis, date of admission, and perhaps the possible date of the patient's discharge from the hospital. This sort of information can rarely be used in an unfair way, insofar as the patient is concerned.

When damage cases are brought into court for trial, hospital records can always be subpoenaed, and most hospital executives answer an application for a transcript of the records with the statement that they may be subpoenaed for court when necessary. If the patient or his attorney consents to the transcript of the record being given to insurance companies, to an attorney or to a private individual, then no injustice is done to him. The hospital owes this protection to its patient, and is morally bound to protect his interests in this matter.

#### How Can the Physical Therapy Department Be of More Service to the Patient?

Physical therapy is one of the comparatively new additions to the armamentarium of the physician. Its intelligent and effectual use depends largely upon the physician's interest in and understanding of its equipment and function.

The hospital may possess the finest, most modern apparatus for light therapy and for the treatment of disease with electricity or mechanical methods, but unless there is a close connection between the physician on the ward and the equipment and personnel of this department, the patient will not secure the greatest good therefrom.

In the first place, there should be regular prescription forms, which are to be originated by the visiting physician, and upon which are definitely set forth the type and length of treatment that he desires. This should not be left to the physical therapist, since he or she is usually not a physician, and hence has no right to prescribe or to treat patients by any means. If little interest is manifested by members of the visiting staff in the physical therapy department, the directress of this department may invite staff members to inspect her equipment, or it may be arranged that she may carry out demonstrations before the hospital medical society at which both the resident and visiting staffs should be present.

It is a good plan for a member of the visiting staff who is particularly interested in this type of work, to be officially appointed to the hospital as physical therapist. While this physician may not actually administer treatments himself, he may be of great service in an advisory capacity, and in acquainting his colleagues with the facilities of his department. He also assumes legal responsibility for the treatment of patients, should any accident or other untoward effect result therefrom.

In too many instances patients are sent to the physical therapy department for "quartz light treatment," for "massage," for "galvanism," or for other types of treat-

ment so indefinitely described that the therapist must assume the whole responsibility for the working out of its details. This may result from lack of knowledge concerning the application of physical agents in the treatment of disease, or from mere press of work, which tempts the physician to generalize in his prescription. The same care in writing an order upon this department should be exercised as is employed in prescribing upon the drug department. Patients are never ordered digitalis except in a certain dosage at certain intervals, administered in a definite way.

Physical therapy, it is believed by many, has much to offer, but it cannot reach its highest state of efficiency until physicians are more willing and perhaps more able to use the therapeutic facilities of this department wisely.

### What Type of Intern Contract Should the Hospital Employ?

Interns have rightfully come to look upon the matter of entering into a hospital contract as a two-sided proposition. Formerly, for the hospital to permit a young graduate in medicine to live within its walls for a definite period, and to treat its patients under supervision, was considered somewhat of a favor to the latter. He was expected to conduct himself as a gentleman under all circumstances, to carry out orders uncomplainingly and efficiently, and to express but rarely any opinion as to the conduct of the hospital, or as to the type and efficiency of treatment ordered by his chief. The hospital has a right to do all of these things.

But the intern has an equal right to require that the hospital furnish good food and living conditions and thorough and efficient instruction, and he may expect recognition by everyone of the professional standing of the graduate in medicine.

The hospital intern contract, therefore, should set forth not only the fact that much is expected of the intern but that the hospital must do its part to make the intern's year a pleasant and a profitable one. The hospital has a right to require strict sobriety on the part of the intern, and the intern to demand every educational facility that is necessary for the modern, efficient teaching and practice of medicine.

### How Should the Hospital Handle the Diphtheria Carrier?

This question was asked by a superintendent in whose hospital a case of diphtheria had developed, and where all patients in the hospital were cultured after the original case had been removed to an institution accepting contagious diseases. From about one hundred cultures, there were secured seven positives from the throats of patients who exhibited no signs of diphtheria. The contagious hospital refused to accept these patients because they were not thought to be suitable. These patients were, of course, isolated, and the following procedure was carried out:

Daily cultures were taken, and as soon as two negative results could be secured, in compliance with local health rules, the patients were allowed to return to their respective wards. But there remained three who, after two weeks' observation, continued to return positive cultures. The hospital laboratory was then requested to perform the so-called guinea pig test. This is a test to determine the virulence of the diphtheria germ. If the toxin that results from the growth of the diphtheria organism is not of sufficient strength to kill a guinea pig within a few

days, it is felt safe to declare the patients from whose throats these germs were taken, to be of no danger to others. It required ten days before this test could be made, and since the organisms were found to be harmless, the patients were returned to the wards from which they were first removed.

In some cases, it is argued that throat cultures should be taken on all cases admitted to the hospital. Theoretically this would be a fine means of protecting the institution's patients against contracting diphtheria. Practically, it would mean that the institution would be continually in the same difficulty in which the above hospital found itself. The Schick test which is often employed in children's hospitals, is useful and practical in determining immunity against diphtheria. Many children's institutions perform this test upon every admission, and then immunize those who react positively to it.

The problem of handling the diphtheria carrier is not a simple one. The problem of securing negative cultures in cases where the virulence of the germ is in question, is almost equally difficult.

Public health officials and trained hospital administrators will agree that the above institution adopted a sound course, and while in this case it was necessary to restrict admissions, this institution erred on the safe side, if any error were made.

### What Is to Be Done When a Staff Member Admits a Case of Erysipelas to a Private Room?

In an eastern hospital recently, a case of erysipelas was admitted to the private pavilion, by the order of a member of the visiting staff. Immediately, great consternation arose in the minds of resident officers as to the danger of treating this patient in the hospital, even in a private room. After much telephoning, and mental running to and fro, the patient was finally removed to a second hospital in which a special ward for the treatment of erysipelas was conducted. The staff member concerned is interested to know what action good hospital practice would suggest under the above circumstances.

Erysipelas is fast losing many of its ancient terrors as an easily and unexplainedly transmissible disease. It is certainly an infection with a known cause and a known method of transmission; that is, by infected hands, gowns and utensils. No longer does this disease sweep through a whole hospital. Indeed instances in which other members of a family have contracted erysipelas from one so infected are becoming increasingly rare. To wear gowns, and to wash hands after the handling of a case of erysipelas before examining other patients, is usually sufficient to prevent the spread of this infection. Moreover in a hospital treating about two hundred and fifty cases of this disease annually, during a period of ten years, there has been no instance in which a second case has been traced to others being treated in this institution.

In the above instance, it was folly to have feared so intensely any disastrous results from treating this private patient. To be sure, means of destroying gauze used for handkerchiefs, of sterilizing masks and of preventing the admixture of other linen with infected linen from such a patient, is essential. It is felt by some that the streptococcus of erysipelas is of little more danger to others than the strains of streptococci causing formation of pus in the surgical patient. A basin of lysol, placed just within the private room door, for the washing of hands, a clothes tree for gowns, and facilities for sterilizing utensils and linens, are all that would have been necessary in the above instance.

# Varied Program of Exceptional Value Ready for Delegates to Frisco Meeting

THE small hospital manager need no longer worry and fret in solitude over his thousand and one troubles, for it is so commonly conceded that all such hospitals face more or less the same problems that the American Hospital Association, at its annual convention in San Francisco, August 6 to 10, will devote several complete sessions to the discussion of problems of the small hospital.

The complete program for the San Francisco meeting, representing a year of hard, concentrated study of the major problems in hospital administration, is now ready, and it is evident that great care has been taken in the

selection of subjects for discussion. Usually a number of speakers are engaged to present certain cut and dried speeches, and the delegates are expected to get what they can from them. The round tables and open discussions have always proved so beneficial, however, that they will predominate this year.

Monday morning, August 6, will be devoted to registration of the delegates and inspection of the exhibits.

The Monday afternoon session will be divided into two meetings. The earlier one will be a round table discussion on some of the vital problems confronted in a small hospital. Lena Waters, director of social work, University

	POLK HALL	LARKIN HALL	G.A.R. HALL	SPANISH AMERICAN HALL	AMERICAN LEGION HALL
<u>Monday</u> Morning	Registration Opening Exhibits	Registration Opening Exhibits	Registration Opening Exhibits	Registration Opening Exhibits	Registration Opening Exhibits
Afternoon	American Occupational Therapy Ass'n.	Gen.Session Comm. Reports Pres.Doane			
Evening	Pres. Address Reception	9 to 10:30 Inspection of Exhibits	9 to 10:30 Inspection of Exhibits	9 to 10:30 Inspection of Exhibits	9 to 10:30 Inspection of Exhibits
<u>Tuesday</u> Morning	American Occupational Therapy Ass'n.	Dietetic Section	Chapman Open Forum Mr. Cummings	Chapman Open Forum Miss Davis	Chapman Open Forum Miss Anderson
Afternoon	Gen.Session Administration Section	Teaching Hospital Section			
Evening	Gen. Session Nurses Section	Construction Section	9 to 10:30 Inspection of Exhibits	9 to 10:30 Inspection of Exhibits	9 to 10:30 Inspection of Exhibits
<u>Wednesday</u> Morning	Children's Hospital Association	T. B. Hospital Section	MacEachern Open Forum Dr. Sexton	MacEachern Open Forum Mr. Jolly	MacEachern Open Forum Mr. Curtis
Afternoon	Gen. Session Mr.S.M.Jackson Presiding	Children's Hospital Association			
Evening	Annual Banquet				
<u>Thursday</u> Morning	Small Hospital Section	American Occupational Therapy Ass'n.	Bacon Open Forum Mr. Heber Grant	Bacon Open Forum Dr. Wipperman	Bacon Open Forum Mr. Gilmore
Afternoon	Gen. Session Spec. Hospital Problems	Hosp. Social Service Workers			
Evening	Night in Chinatown				
<u>Friday</u> Morning	Gen. Session Bus..Meeting				
Afternoon					



Views by Courtesy of the American Express Company

*Above, Union Square, San Francisco; on the right, a view of Portland, Oregon, from Council Crest.*



*Below, a view of snow covered Mt. Shasta, the third highest peak in California.*

Hospital, Philadelphia, Pa., will preside at the other meeting at which Edith M. Baker, director of social service, Washington University Medical School, St. Louis, Mo., will speak on "The Function and Relation of Social Service in the Hospital," and a paper on "The Relation of the Dietetic and the Social Service Departments in the Hospital," will be read by Bertha M. Wood, East Northfield, Mass.

Music provided by one of the best orchestras in San Francisco will precede the opening of the Monday evening session. Dr. Joseph C. Doane, president of the American Hospital Association will preside, and the Hon. C. C. Young, governor of California and the Hon. James Rolph, mayor of San Francisco will deliver addresses of welcome. After acknowledging the welcoming speeches, Dr. Doane will deliver his presidential address. This will be followed by a recep-

tion for the delegates by the president and the board of trustees.

A hospital's relations with the public determine to a great extent just how successful that hospital will be in gaining the confidence of the community. The Tuesday morning session, at which G. W. Curtis, superintendent, Santa Barbara Cottage Hospital, Santa Barbara, Calif., will preside, will be devoted to a discussion of the various methods by which a small hospital may gain favor in its community. Mrs. Charles W. Webb, director of social service, Lakeside Hospital, Cleveland, will present a paper on "Popularizing Your Hospital Through the Social Service Department." Another paper, "Effective Hospital Publicity" will be presented by Wallace F. Vail, superintendent, Pasadena Hospital, Pasadena, Calif.

Other subjects dealing with the com-



munity's attitude toward the hospital will be given ample time for discussion in this session. C. J. Cummings, superintendent, Tacoma General Hospital, Tacoma, Wash., will introduce a discussion on the most effective types of hospital publicity. The standing of the hospital in its community as affected by the collection of patients' accounts in advance, the care of charity patients, and the establishment and operation of a health inventormium will be treated in the talk led by J. R. Mannix, superintendent, Elyria Memorial Hospital, Elyria, Ohio. Dr. Malcolm T. MacEachern, American College of Surgeons, Chicago, will introduce a discussion on how the community's attitude toward the hospital can be improved by the medical staff, the board of trustees, the ladies' auxiliary, the nurses' alumnae and the social department.



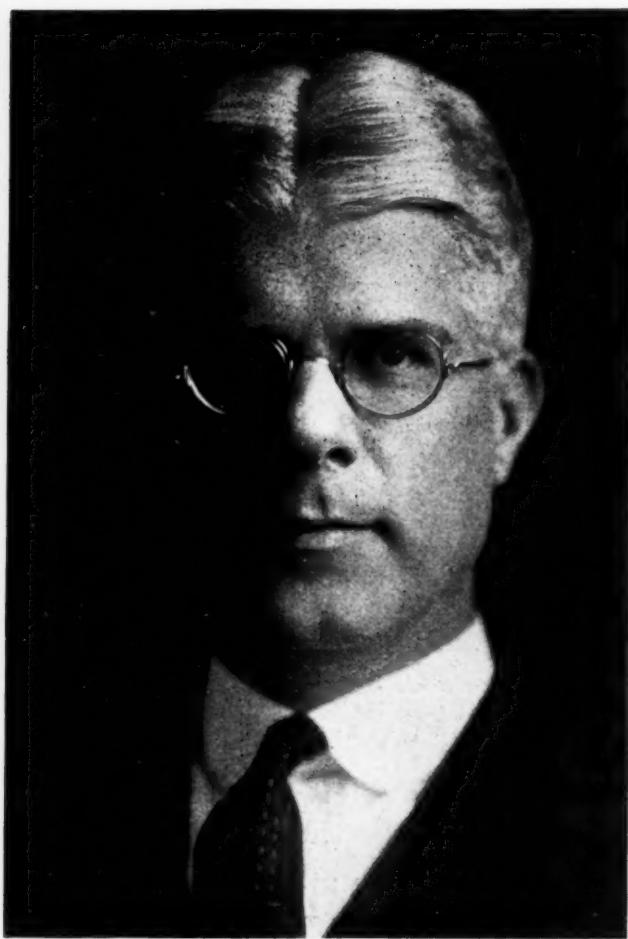
*On the left is Hollywood Street, Los Angeles; below is a view of the American River Canyon.*



*Above are shown some of California's famous orange groves.*



Frank E. Chapman, director, Mount Sinai Hospital, Cleveland, will preside at an open forum which will also constitute a part of the Tuesday morning session. Here any questions that anyone may have to ask will be taken up for discussion. There will, however, be certain subjects discussed in case enough questions are not turned in to take up the allotted time. Helen Anderson, dietitian, Scripps Metabolic Clinic, La Jolla, Calif., will preside over a discussion on the importance of the dietary department of a hospital. Clarence H. Baum, superintendent, Lake View Hospital, Danville, Ill., will govern a discussion on accounting and purchasing for hospitals. C. J. Cummings, superintendent, Tacoma General Hospital, Tacoma, Wash., will preside over the discussion of the medical staff's importance to the hospital, and Carolyn E. Davis, General



*Dr. L. H. Burlingham.*

Hospital, Everett, Wash., will enlighten the discussion on the problems of the nurse.

A discussion of the administrative problems in a hospital will make up the business of the early afternoon meeting on Tuesday. Here, Dr. Howard H. Johnson, superintendent, St. Luke's Hospital, San Francisco; Dr. C. W. Munger, medical director, Grasslands Hospital, Valhalla, N. Y.; Mary E. Yager, director, Woman's and Children's Hospital, Toledo, Ohio; Edith Baker, director of social service, Washington University Medical School, St. Louis, Mo., and S. Margaret Gillam, director of dietetics and housekeeping, University Hospital, Ann Arbor, Mich., will present papers on the following questions: "The Mutual Problems of Medical Practice and Administration;" "My Contribution to Hospital Service," "Coordination of Nursing—Education, Administration;" "What Have I to Bring to the Welfare of the Patient?" and "Interdepartmental Problems of Diet." Following this the report of the nominating committee will be made by Dr. John M. Peters, superintendent, Rhode Island Hospital, Providence, R. I., who is chairman of the committee.

#### Teaching Section Is Developed

The afternoon session will be closed with a meeting of the teaching hospital section at which Paul E. Fesler, superintendent, University Hospital, Minneapolis, Minn., will preside.

At the Minneapolis meeting the teaching hospital section was fostered and proved to be one of the most interesting and beneficial sessions held. With Dean Lyons

and Superintendent Fesler of the University of Minnesota medical school and hospital as hosts more than forty superintendents connected with teaching hospitals held a luncheon at the University Hospital, and it was decided that a teaching session would be of immense aid to those connected with hospitals having a university affiliation.

This year Paul Fesler will act as chairman of the teaching hospital session and a well worked out program has

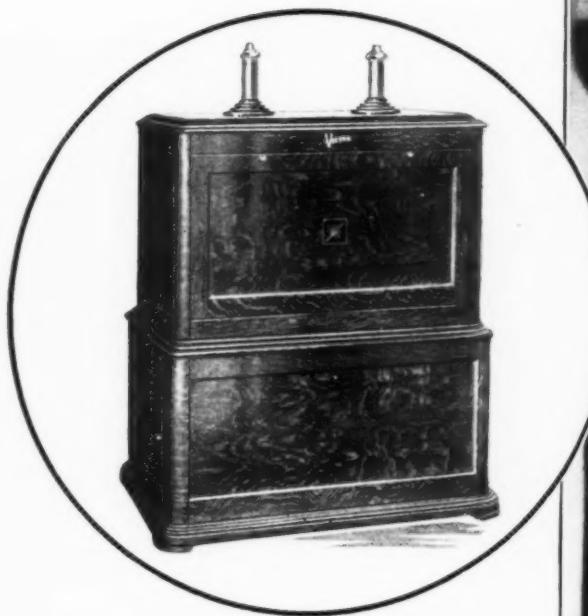


*Dr. Joseph C. Doane.*

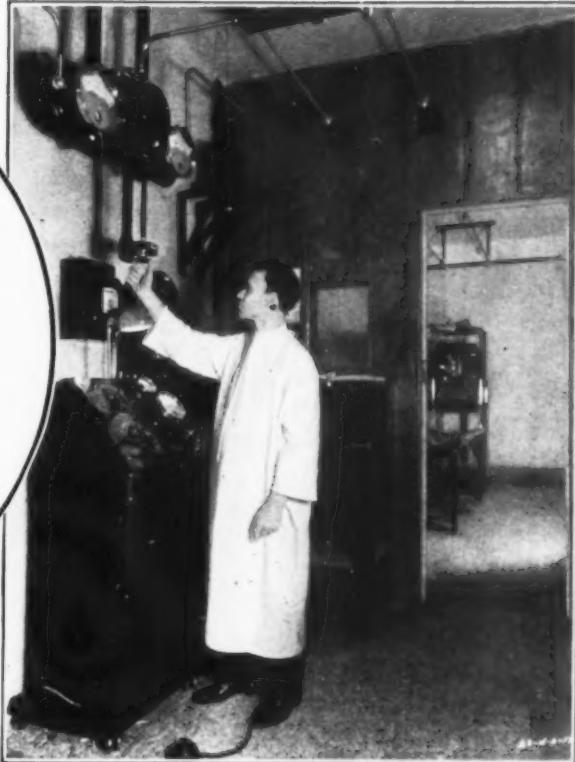
been arranged. Dr. N. P. Colwell, Council on Medical Education and Hospitals, American Medical Association, Chicago, is scheduled to speak on "What the A. M. A. Expects From the Teaching Hospitals," Dr. MacEachern will speak on "What the American College of Surgeons Expects From the Teaching Hospitals" and Dr. I. D. Metzger, State Department of Licensure of Pennsylvania, Harrisburg, Pa., will speak on "The Teaching Hospital's Duty to the Country Practitioner." Several other papers have been scheduled, as well as a round table and an inspection trip to the Lane and Stanford University Hospitals.

For those who prefer a less concentrated meeting, there will also be a round table for hospital social workers on Tuesday afternoon. The leader here will be Evelyn Phelps, supervisor, hospital social service, Pacific Branch, American Red Cross, San Francisco, and the subject will be "Where Shall We Place the Emphasis in Hospital Social Work?"

An interesting session will be held on Tuesday evening by the nursing section. The discussions at this meeting will center on the much mooted questions dealing with nurse training. Elizabeth A. Greener, R.N., superintendent of nursing, Mount Sinai Hospital, New York, is chairman of this section and will regulate the discussions of the following subjects: "The Social Service Content of



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Nursing Education," to be presented by Edith Baker; "Recent Returns From the Grading Committee," by Dr. May Ayres Burgess, director, Committee on the Grading of Nursing Schools, New York; and the question which has been the center of attention of hospital superintendents and nurse trainers throughout the country, "Does the School of Nursing Need Freedom From Hospital Control in the Interest of Nursing Education? How Would the Hospital Be Affected by Nursing School Autonomy?" which will be discussed by Dr. Doane; Dr. R. G. Brodrick, Stanford University Hospitals, San Francisco; G. W. Olson, superintendent, California Lutheran Hospital, Los Angeles, Calif., and Anna C. Jamme, R.N., director, Bureau of Registration of Nurses, San Francisco. The various discussions will be summed up by Mary M. Roberts, R.N., editor, *American Journal of Nursing*, New York.

Dr. MacEachern will be coordinator of the open forums on Wednesday morning. These will consist of three sep-



Dr. B. W. Caldwell.

arate meetings, one, a round table conference on every day hospital problems, which will be conducted by Dr. Lewis A. Sexton, superintendent, Hartford Hospital, Hartford, Conn.; another, a round table conference on business methods in the hospital, with Robert Jolly, superintendent, Baptist Hospital, Houston, Tex., conducting; and the third, a round table on hospital costs and charges, at which G. W. Curtis will preside.

A meeting of the construction section will also be held on Wednesday morning. Dr. Brodrick will preside and Myron Hunt, architect, Los Angeles, Calif.; William Corlett, architect, Oakland, Calif.; and Thomas B. Hunter, consulting engineer, San Francisco, will present these subjects: "A Vertical and a Horizontal California Hospital;" "Problems of Selecting a Hospital Site," and

#### "Some Mechanical Problems of Hospital Planning."

Three separate meetings will go to make up the Wednesday afternoon session. A round table on hospital social service will be led by Ruth Wadman, assistant director of war service, American Red Cross, Washington, D. C. A general meeting of the trustees' section will be opened with an address by the chairman, Samuel Jackson, president, board of trustees, Tacoma General Hospital, Tacoma, Wash., the subject of which will be "The Rôle of the Trustee in Modern Hospital Administration." The relation of the board of trustees to the superintendent and personnel of the hospital will be discussed by Sidney G. Davidson, superintendent, Butterworth Hospital, Grand Rapids, Mich. Horace J. Whitacre, attending surgeon, Tacoma General Hospital, will discuss the relationship of the medical staff with the board; Dr. Joseph C. Doane will discuss the relationship of the trustees to the patient, and the Rt. Rev. W. Bertrand Stevens, bishop coadjutor, Diocese of Episcopacy, Los Angeles, Calif., will discuss the relationship of the trustees to the community. The question, "Interesting Your Community in Philanthropy for their Hospitals," will be presented by Charles F. Neergaard, trustee, Carson C. Peck Memorial Hospital, Brooklyn, N. Y., and a discussion of this question will be opened by John E. Ransom, superintendent, Toledo Hospital, Toledo, Ohio. Harrison S. Robinson, attorney, Oakland, Calif., will talk on the relation of the board of trustees to the hospital. A discussion of educational publicity for the hospital will be opened by Robert Jolly, and general discussions will be conducted by E. S. Gilmore, superintendent, Wesley Memorial Hospital,



Dr. Lewis A. Sexton.

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Bulletin American Child Health Association, November, 1927

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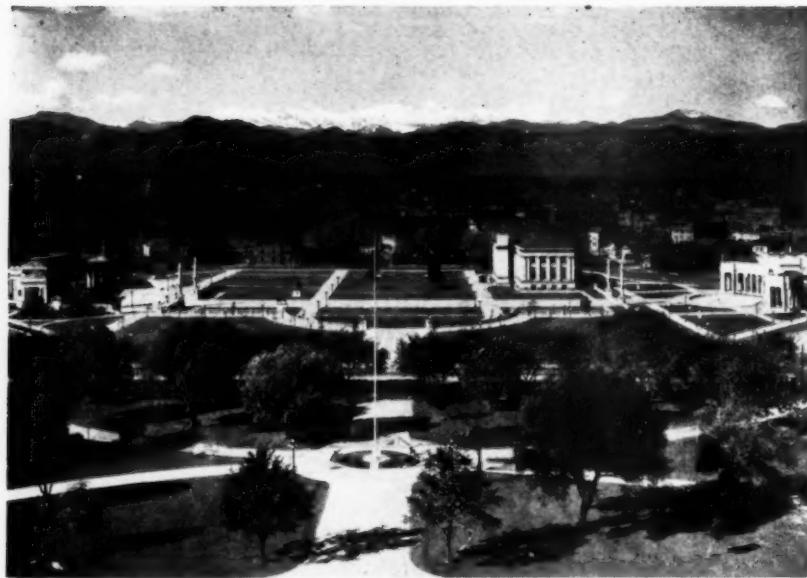
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Chicago; Dr. Winford H. Smith, superintendent, Johns Hopkins Hospital, Baltimore, Md.; and Dr. W. H. Walsh, hospital consultant, Chicago.

A report of the National Hospital Day Committee will be made at this session by C. J. Cummings, superintendent, Tacoma General Hospital, Tacoma, Wash., at the other afternoon meeting.

Wednesday evening has been set aside for the annual banquet and ball. This will be a get-together for the delegates and their friends. Dr. Ray Lyman Wilbur, San Francisco, will be speaker of the evening. An interesting program is being planned and a pleasant evening is assured.

The open forum on Thursday morning will be under the direction of Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago. The round table on "How Shall We

Build Our Hospital?" will be conducted by Heber S. Grant, Latter Day Saint Hospital, Salt Lake City, Utah, and the discussion on "The Social Worker and the Hospital," by Dr. Paul H. Wipperman, superintendent, Decatur and Macon County Hospital, Decatur, Ill. The third discussion will relate to the financial problems of building and maintenance and to the laundry, power house and housekeeper's department.

At the dietetic session, also on Thursday morning, Bertha E. Beecher, Christ Hospital, Cincinnati, will be chairman. This meeting will be opened by a report of the chairman of the committee on dietary service and equipment, Mary A. Foley, Rochester, Minn. The following papers will be read: "The Social Worker and Dietetics," by Margaret Spiers, Berkeley Health Center, Berkeley, Calif.; "The Hospital Superintendent and the Dietary De-



Dr. N. W. Faxon.



Paul E. Fesler.



F. E. Chapman.



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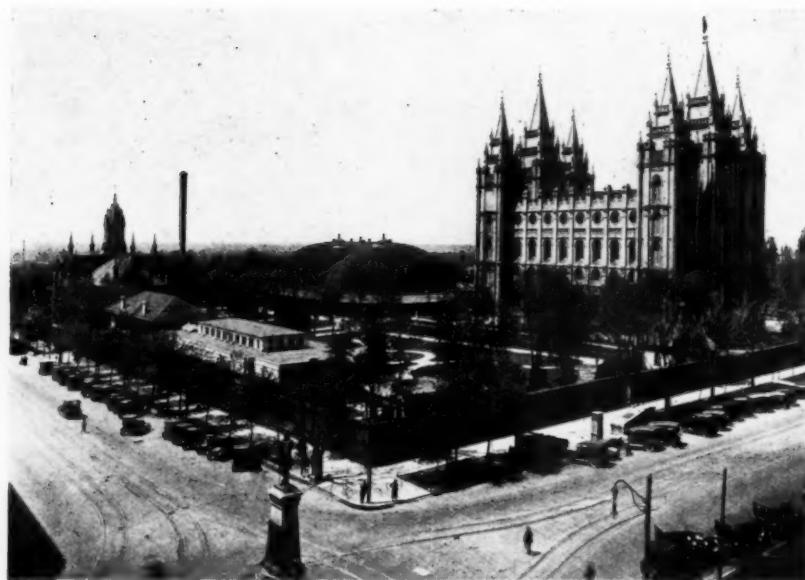
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partment," by Luther Reynolds, superintendent, Methodist Hospital, Los Angeles, and "Diet in Relation to Arthritis," by Dr. E. F. Copp, Scripps Metabolic Clinic, La Jolla, Calif.

On Thursday afternoon the tuberculosis section will meet. Dr. Glenford L. Bellis, superintendent, Muirdale Sanatorium, Wauwatosa, Wis., will preside. Dr. W. A. Gekler, Albuquerque Sanatorium, Albuquerque, N. M., will talk on "The Evolution of the Sanatorium: Its Future Development." Dr. Henry Sewall, Ph.D., National Jewish Hospital, Denver, Colo., will present "The Sanatorium as a School in Tuberculosis." Marie Lurie, Jewish Tuberculosis Service, Chicago, will discuss "Social Service in the Treatment of Tuberculosis." "Nursing of the Tuberculous Sick, a Specialized Service," will be the subject of a talk by Mary Laibe, Chicago Municipal Tuberculosis Sanitarium, Chicago. "Heliotherapy in the Sanatorium" will be discussed by Dr. Alexius M. Forster, superintendent, Cragmor Sanatorium, Colorado Springs, Colo., and the meeting will be concluded by a talk on "The Treatment of the Chronic Patient," by Dr. F. M. Pottenger, Monrovia, Calif.

#### Special Problems to Be Discussed Thursday

A general session on special hospital problems, to be held on Thursday afternoon, will be the center of attraction to many of the delegates. Here such subjects as: "Impetigo in Lying-In Hospitals," "Understanding the Hospital," "Returning the Chronic Patient to Economic Usefulness," "What the Hospital Owes to the Intern," and "Food for Health" will act as drawing cards. The speakers on these subjects will be: Dr. Harmon P. Jordan, superintendent, Lying-In Hospital, Providence, R. I.; Dr. Brodrick; Dr. B. W. Black, director, Alameda County Hospitals, Oakland, Calif.; Dr. Percy T. Magan, dean, College of Medical Evangelists, Los Angeles; and Frances Stern, Boston. Presiding at this meeting will be F. O. Bates, first vice-president, Roper Hospital, Charleston, S. C.

San Francisco's Chinatown will be the subject of the delegates' attention on Thursday evening. Here they say that the sidewalks literally open up and devour chance passers-by, and the destiny of a lone wanderer is governed by the will of the Chinese dragons. The convention party, however, will be well chaperoned, and it is even safe to

say that the wives of the visitors will enjoy the trip. Dinner for the delegates will be provided in typical oriental style at a thoroughly Chinese restaurant.

The final session of the convention will be held on Friday morning. This will be a business meeting. The new officers will be installed at this session.

#### Exposition of Educational Value

The Hospital Exhibitors' Association has been working in close cooperation with the National Hospital Association and a large group of exhibitors are displaying unusual interest in making this year's exposition of hospital building materials, equipment and supplies of large commercial value and real educational worth to the visiting delegates. Without the research that is continually going on in the development of new products, new equipment, new services, the way of the hospital patient would be much less smooth and the job of equipping and operating a hospital would be many times more difficult. All hospital executives are therefore urged to inspect the goods on display and allow the representatives of the Hospital Exhibitors Association to tell of developments in their lines of manufacture or service.

Entertainment and pleasure have not been overlooked in the least. Excursions have been planned which will serve to acquaint strangers with the much lauded beauties of the west coast. Leland Stanford University, Palo Alto, will be visited, and a number of the near-by hospitals have planned to receive the visitors and acquaint them with their institutions. Golf is not an unknown game in the West, and there will be plenty of opportunity for the golf devotees to swing their clubs. Tennis, swimming, boating, horseback riding and other sports are popular in California. A post-convention excursion to Hawaii has been planned for the delegates who have no urgent business to hasten their homeward journey.

Late reports from the association headquarters are to the effect that the attendance at this meeting will be much larger than was expected when it was at first decided to meet on the Pacific Coast. One special train from Chicago has already been made up and a second train has been started with every assurance that it also will be filled before the leaving date, July 29. The New England States are sending a large delegation, as well as Pennsylvania, New York and the Middle West.

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# Protestant Hospital Convention Program Definitely Arranged

**S**AN FRANCISCO is to be the host to two great hospital conventions this year. One is the convention of the American Hospital Association which will be held August 6 to 10, the other, the convention of the American Protestant Hospital Association, which will immediately precede the meeting of the A. H. A., being held August 3 to 6. The complete program for the latter has now been announced.

The headquarters for the Protestant Hospital convention will be in the Clift Hotel, where all the delegates, friends and visitors will be asked to register. Following the registration, which is set for 1 p. m., August 3, the

*American Journal of Nursing.* The question "Why a Church Hospital?" will be discussed by Rev. Luther G. Reynolds, superintendent, Methodist Hospital, Los Angeles, and Dr. A. O. Fonkalsrud, superintendent, Sioux Valley Hospital, Sioux Falls, S. D., will present a paper on "The Spirit of the Present Day and the Ideals of Our Hospitals." This session will be closed with a round table discussion conducted by Dr. Charles S. Woods, superintendent, St. Luke's Hospital, Cleveland.

### Clinics Will Be Interesting Feature

The opening of the fourth session will be featured by a number of clinics, which are to be held in several of the San Francisco hospitals. Dr. Louis J. Bristow, superintendent, Southern Baptist Hospital, New Orleans, La., will give a short talk on "Healing Humanity's Hurt," following which the delegates will be divided into groups for their visits to the different hospitals where the clinics are to be held.

The annual banquet of the association will constitute the fifth session. Robert Jolly will be toastmaster and the guests of honor are to be Dr. Joseph C. Doane, Philadelphia, president of the American Hospital Association, and Dr. Malcolm T. MacEachern, director of hospital activities, American College of Surgeons, Chicago. Addresses will be delivered by Rev. G. F. Gullickson, Minot, N. D., and Dr. Walter B. Coffey, chief surgeon, Southern Pacific Railroad Company, on the subjects, "The Other Man's Load" and "The High Cost of Illness, With Any Possible Remedies."

A review of the history of the rise and development of the hospitals of the Evangelical Church in America, presented by Bishop Samuel P. Spreng, Chicago, will feature the sixth session to be held on Sunday afternoon, and at the Sunday evening session there will be an address by Bishop Charles W. Burns, Methodist Episcopal Diocese, San Francisco, entitled, "All Men Called to Divine Service."

The following will address the closing session of the convention: C. J. Cummings, superintendent, Tacoma General Hospital, Tacoma, Wash.; I. Craig Anderson, R.N., superintendent, St. Luke's Hospital, Davenport, Ia.; and E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, who will conduct a round table. The subjects to be presented by Mr. Cummings and Miss Anderson are, "Economy in Equipment and Maintenance of Hospitals," and "The Humanity of the Nursing Profession." At this session the election of officers will also be held.

### Jolly Will Handle Musical Program

Robert Jolly is handling the musical program for the entire convention, and several programs will be presented. The delegates will be given an opportunity to see the sights in and around Frisco. Chinatown, with its many mysteries, the Golden Gate in all its beauty and splendor, and California's much heralded weather, will all combine to make the visit a pleasant one. A get-together dinner is also being planned for the evening of August 7.



President  
Fritschel

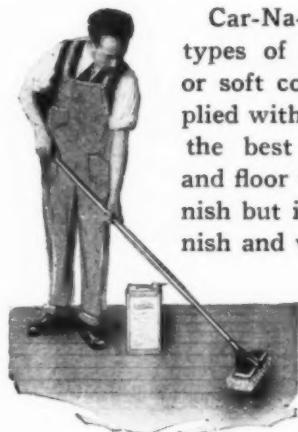
first session will be called to order by Dr. Herman L. Fritschel, superintendent, Milwaukee Hospital, Milwaukee, Wis., president of the association. The speakers at this meeting will be Dr. Albert G. Hahn, business manager, Deaconess Hospital, Evansville, Ind., whose subject will be, "What Hospitals Are Actually Doing Relative to Sick Leaves, Vacations, Discounts and Group Life Insurance;" John H. Olsen, managing director, Bushwick Hospital, Brooklyn, N. Y., who will discuss workmen's compensation, and the Rev. Dr. Frank C. English, Cincinnati, executive secretary of the association, who will present his annual report.

At the second session, which is scheduled for the evening of the third, Dr. May Ayres Burgess, director, Committee on the Grading of Nursing Schools, New York, will give a report of the recent investigations in the nursing situation. Robert Jolly, superintendent, Baptist Hospital, Houston, Tex., will conduct a round table.

The third session will open with a discussion of Dr. Burgess' presentation by Mary M. Roberts, editor, *Amer-*

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A floor that sparkles with cleanliness regardless of heavy daily use—a floor that is easy to keep clean and economical to keep up is one of a hospital's greatest requirements. And Car-Na-Var and Rubber-Var solve the problem completely.



Car-Na-Var is adapted for all types of floors except rubber or soft composition. It is applied with a mop and combines the best features of varnish and floor wax. Looks like varnish but is not brittle like varnish and where worn spots appear they can be readily repaired without showing overlaps. Car-Na-Var dries in less than an hour, be-

comes a permanent part of the floor, sheds water like glass, and is never slippery. Comes in "Natural" and all popular colors.

in no way harmful to rubber and cuts down the necessity for cleaning to a considerable extent. It is easily applied." Rubber-Var protects a rubber floor against wear and at the same time gives a high polish. It is also excellent on any type of floor where oil or spirituous solvents cannot be used. Hospitals all over the country are using Car-Na-Var and Rubber-Var. They know there are no comparable products.

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# Keen Enthusiasm Evident for Occupational Therapy Meeting

THE American Occupational Therapy Association, which is to hold its annual meeting in San Francisco on the same dates set for the annual convention of the American Hospital Association, August 6 to 10, will establish its headquarters in the St. Francis Hotel. The program in full has been announced and reads as follows:

Monday morning, August 6, will be devoted to the registration of the members of the association. The afternoon session will be opened by an address of welcome by Esther D. Hill, president, California Occupational Therapy Association. T. B. Kidner, New York, president of the association, will then give his presidential address, following which Dr. Joseph C. Doane, Philadelphia, president, American Hospital Association, will talk on "Occupational Therapy." The report of the secretary and treasurer, Mrs. Eleanor Clarke Slagle, New York, will be made, and the session will close with the reports of various committees.

## Interesting Topics Scheduled for Tuesday Session

The Tuesday morning session, which is to be held at the exposition auditorium in Polk Hall, will be opened with a discussion of the program of occupational treatment at the National Home for Disabled Volunteer Soldiers, by Col. James A. Mattison, Los Angeles, Calif., who is associated with the soldiers home. Other speakers at this session will be Eloise P. Finley, supervisor, Occupational Therapy Association for Crippled and Disabled, Cleveland; Carolyn Bean, Kings Park State Hospital, Long Island, N. Y.; Edith V. Evans, director, Junior League Curative Workshop, Milwaukee, Wis.; Dr. Charles F. Gardiner, Half-Way House Committee, Colorado Springs, Colo.; Susan Allan Paisley, Los Angeles City School System, Los Angeles, Calif., and Marian Clark, University Hospital, Ann Arbor, Mich. The following topics comprise the substance of their discussions: "The Problem of the So-Called Chronic Homebound Patient;" "The Organization of a Curative Workshop;" "The Curative Workshop for Tuberculous Cases;" "Occupational Therapy Treatment for a Group of Plastic Cases: Children Under Twelve Years of Age;" "Muscle Training for Crippled Children."

Dr. B. W. Carr, United States Veterans' Bureau, Washington, D. C., will preside at the opening of the third session on Wednesday afternoon. The speakers and the subjects of their talks will be: Mrs. Ethel C. Dana, occupational therapy expert, United States Veterans' Bureau, Washington, D. C., "Selling Occupational Therapy," and Dr. P. G. Lasche, medical officer-in-charge, United States Veterans' Hospital, Palo Alto, Calif., "Occupational Therapy Management of Deteriorated Patients." This meeting is to be held at the Veterans' Hospital, Palo Alto, and will be followed by an inspection of the hospital.

The fourth session, to be held in the exposition hall on Thursday morning, will be strictly a business meeting. The Thursday afternoon session will take the form of a trip to several hospitals and will end with a visit to the estate of Edith Livermore, a member of the association, where refreshments will be served.

Dr. H. Chesley Bush, superintendent, Arroyo Sanatorium, Livermore, Calif., will open the final session with a discussion of "Occupational Therapy in a Tuberculosis Sanatorium." Following his talk will be a discussion of the new program of the National Tuberculosis Association for the after care of sanatorium patients, and its bearing on curative work in the sanatorium, presented by Dr. Joseph R. Morrow, medical director, Bergen Pines Sanatorium, Ridgewood, N. J. Some recent surveys made by the American Occupational Therapy Association will be explained by Mary E. Shanklin, a survey officer, and the session will be closed with a round table discussion of occupational therapy in general hospitals. Alice H. Dean, director of occupational therapy, Evanston Hospital, Evanston, Ill., will preside at the round table at this session.

Tuesday afternoon and Wednesday morning have been set aside for pleasure, and at these times busses will be on hand for sight-seeing trips through the country surrounding San Francisco. One of the interesting points to be visited on these trips is Leland Stanford University.

Edith Livermore, chairman of the entertainment committee, is prepared to guarantee a good time to all. It is requested, however, that those who plan to attend the meetings notify Esther D. Hill, president of the California Occupational Therapy Association, so that suitable arrangements may be made to accommodate everybody.

The exhibit of occupational therapy work done by patients is always an interesting feature of the association's annual meeting. This year, it is expected, the exhibits will be better than ever before, as occupational therapy has made great progress in the last twelve months, and the exhibits are really a reflection of this progress. At this year's meeting the exhibits will be divided into four general divisions: hospitals, curative workshops (non-hospital), homebound and occupational therapy training schools. Mary E. Shanklin, American Occupational Therapy Association, New York, is chairman of the exhibit committee.

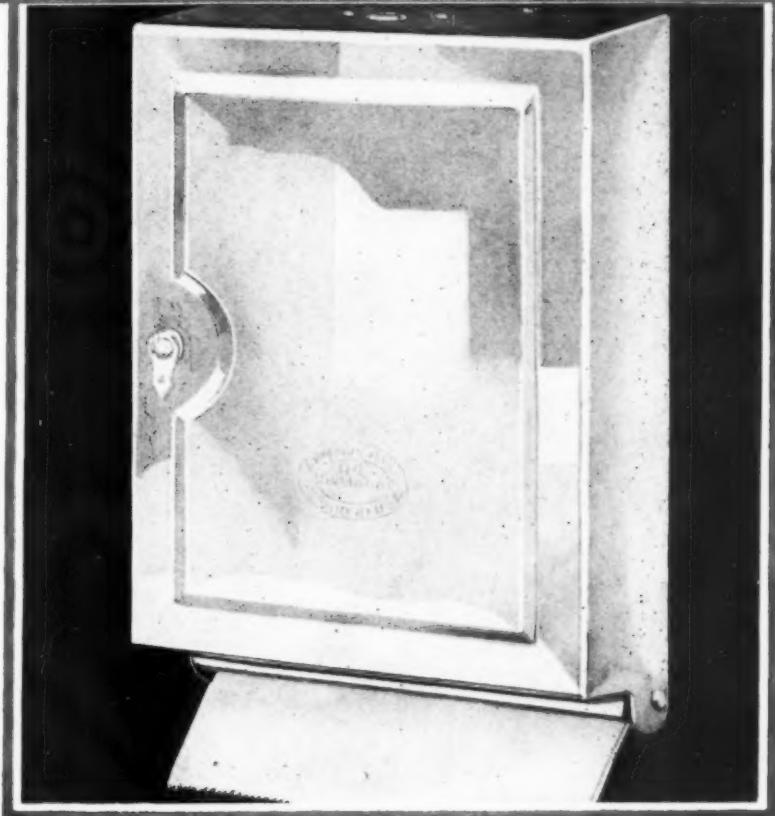
## Guaranty Fund Completed for International Convention

At a meeting of the committee on international hospital relations of the American Hospital Association, which is to be held in Paris, France, on August 29, a program will be formulated for an international hospital convention. Atlantic City, N. J., has already been chosen as the meeting place for the convention, and although the date has not been definitely determined, it will be sometime in June, 1929.

The guaranty fund for the congress, which was obtained through subscriptions, has already been completed, and scientific exhibits have been promised by numerous hospital, medical and public health organizations.

Arrangements have also been made with the Department of State at Washington, D. C., to forward the formal invitations of the association to foreign governments through diplomatic channels.

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# Hospital Social Workers to Meet at San Francisco

**T**HE social service section of the American Hospital Association will meet in San Francisco with that association, August 6 to 10. An unusually interesting program has been arranged by the committee of which Lena R. Waters, University of Pennsylvania Hospital, Philadelphia, is chairman, and social workers from all parts of the country are planning to attend the meeting.

"The Social Service Department in Hospital Organization" is the subject for discussion at the meeting of the social service section at the Civic Auditorium, at 2 p. m. on August 6. This subject will be of interest not only to social workers themselves, for hospital administrators, the nursing group, dietitians, and occupational therapists will find much that is of importance to them in this discussion. At this meeting Edith Baker, St. Louis Social Service Association, St. Louis, will speak on "The Functions of the Social Service Department and Its Relationships to Other Departments in the Hospital;" Bertha M. Wood, consulting dietitian, East Northfield, Mass., will discuss "The Relation of the Dietetic and the Social Service Departments in the Hospital;" and Dr. Malcolm T. MacEachern, associate director, American College of Surgeons, Chicago, will present "Fundamental Considerations in Developing Social Work in Hospitals." Marguerite Spiers, director of social service, Berkeley Health Center, Berkeley, Calif., and Edith Burleigh, Child Guidance Clinic, Los Angeles, Calif., will lead the discussion of these papers.

More than ever before, this is apparently a year of intersectional reciprocity, and the American Association of Hospital Social Workers is, for that reason, taking an active part in the programs of several other sections of the American Hospital Association. Mrs. Charles W. Webb, director of social service, Lakeside Hospital, Cleveland, will give a paper at the small hospital section; Marie Lurie, Jewish Tuberculosis Association, Chicago, will discuss the possibilities for social work with tuberculous patients at a meeting on tuberculosis; Edith Baker will speak at meetings of both the administration and nursing sections; and Marguerite Spiers will address the section on dietetics. The interchange of points of view made possible by such meetings should be most valuable.

### Consultations Will Be Arranged

Booths 254 and 255, just opposite the registration booth in the exhibit room of the Civic Auditorium, have been set aside as social service headquarters. Helen Beckley, executive secretary of the Association of Hospital Social Workers, Chicago, will be at the booth and will be glad at any time to arrange consultations either with herself or with members of the executive committee of the national association who will be at the meeting. Miss Beckley can be reached at 18 East Division Street, Chicago, and should any one wish to write her before the San Francisco meeting in regard to consultations at that time, she may be able to make special arrangements for discussion of particular problems.

Literature on various phases of hospital social work will be available at this booth. Hospital administrators in particular will be interested this year in the report of

the minimum standards committee of the American Association of Hospital Social Workers. This report was accepted at the annual meeting of hospital social workers in May, and Miss Beckley will have copies of it for distribution. Elizabeth Laird, Vanderbilt Clinic, New York, has prepared an exhibit of social case records and posters which will be illuminating.

The local committee of social workers of which N. Florence Cummings, Leland Stanford University Clinics, is chairman, promises to show all visitors the fascinations of San Francisco and has arranged many attractive entertainments. Railroad information will be sent on application to the national headquarters, 18 East Division Street, Chicago, and that office will be glad to make reservations for members of the association on trains out of Chicago.

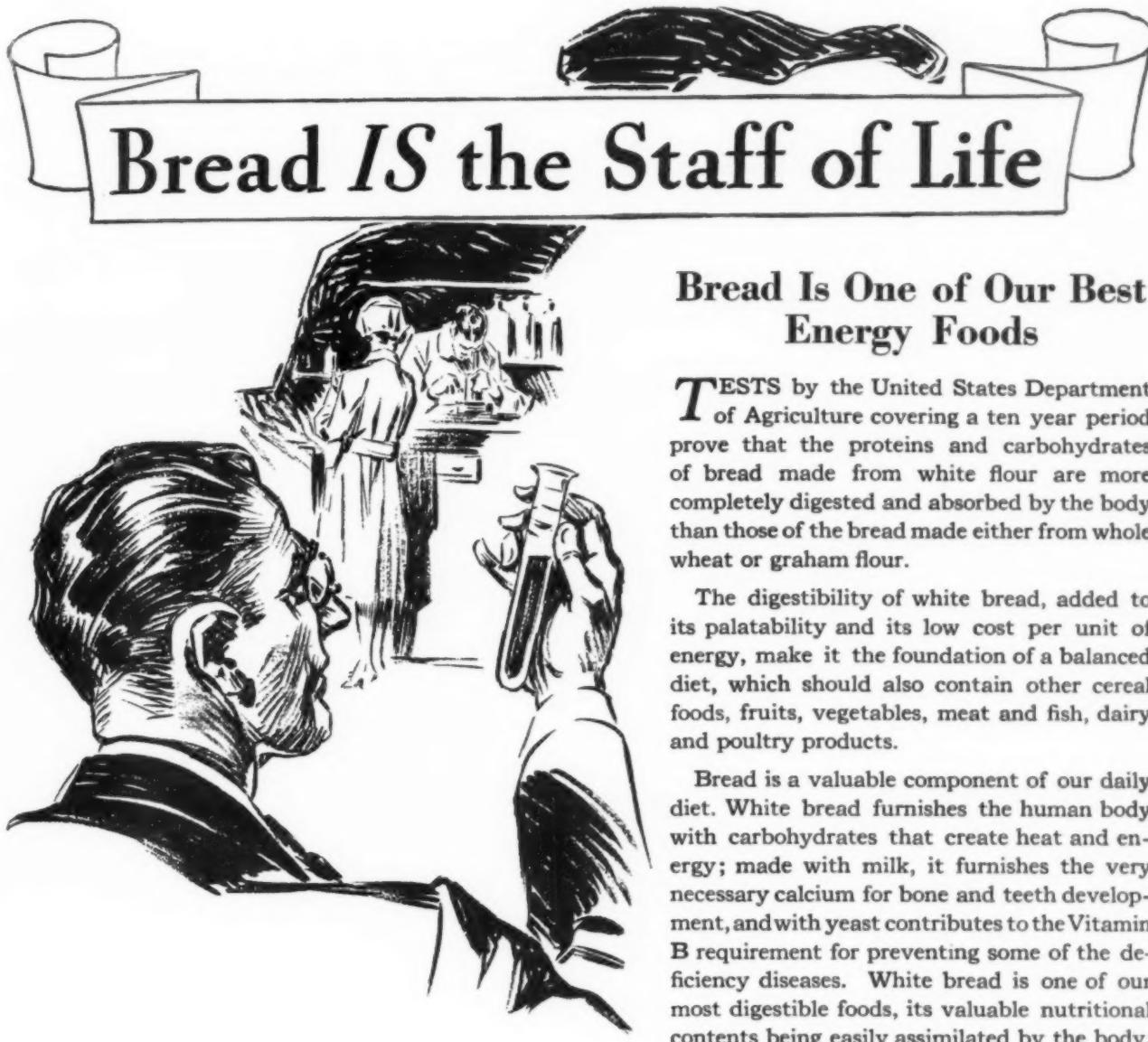
### Children's Hospital Association Offers Varied Program

Among the many meetings to be held in San Francisco this summer, is that of the Children's Hospital Association. This will be held on Wednesday, August 8, in one of the halls of the main convention auditorium. There will be two sessions, one in the morning and one in the afternoon, and Robert Neff, University Hospital, Iowa City, Iowa, will preside over both sessions.

### Prominent Speakers Take Part

The first session will be opened by Dr. Clifford Sweet, Oakland, Calif., with his presentation of "The Essential Points in the Dietetic Management of Infants." Following a discussion of this paper by Dr. Clain F. Gelston, instructor of pediatrics, University of California, San Francisco, will be a talk on "The Essentials in the Preparation of Food for the Orthopedic Child," by Mrs. Gertrude Folendorf, superintendent, Shriners' Hospital for Crippled Children, San Francisco. "What Constitutes a Hospital Case for the Children's Hospital," and "The Technique of Admission Including Observation Period in the Children's Hospital," will be the subjects of talks by Dr. Francis Smyth, assistant professor of pediatrics, University of California, San Francisco, and Dr. F. M. Holsclaw, assistant clinical professor of pediatrics, University of California.

The second session will convene in the afternoon and Dr. Adelaide Brown, lecturer on child hygiene, Stanford University, will talk on "The Children's Hospital as a Public Health Contributor." "Child Guidance Clinics" will be discussed by Robert Richards, San Francisco, following which Dr. James B. Cutter, superintendent, Children's Hospital, San Francisco, will present, "The High Points of the Children's Hospital Organization From the Viewpoint of the Administrator." Talks on "The Layman's Viewpoint of the Children's Hospital Organization," by Mrs. A. McDuffee, Oakland, Calif., and "Essentials in Physical Therapy for Children," by Dr. R. L. Dresel, San Francisco, will bring to a close a meeting which it is expected will be full of interest.



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TESTS by the United States Department of Agriculture covering a ten year period prove that the proteins and carbohydrates of bread made from white flour are more completely digested and absorbed by the body than those of the bread made either from whole wheat or graham flour.

The digestibility of white bread, added to its palatability and its low cost per unit of energy, make it the foundation of a balanced diet, which should also contain other cereal foods, fruits, vegetables, meat and fish, dairy and poultry products.

Bread is a valuable component of our daily diet. White bread furnishes the human body with carbohydrates that create heat and energy; made with milk, it furnishes the very necessary calcium for bone and teeth development, and with yeast contributes to the Vitamin B requirement for preventing some of the deficiency diseases. White bread is one of our most digestible foods, its valuable nutritional contents being easily assimilated by the body.

*The purpose of this statement is to present scientific facts to offset misleading statements by food fakers. This statement has been submitted to and approved by a group of disinterested and competent investigators in the field of nutrition, selected by the editor of The Journal of the American Medical Association. These investigators include Professors GRAHAM LUSK, E. V. MCCOLLUM and LAFAYETTE B. MENDEL. (For complete information on nutrition see books written by these authorities.)*

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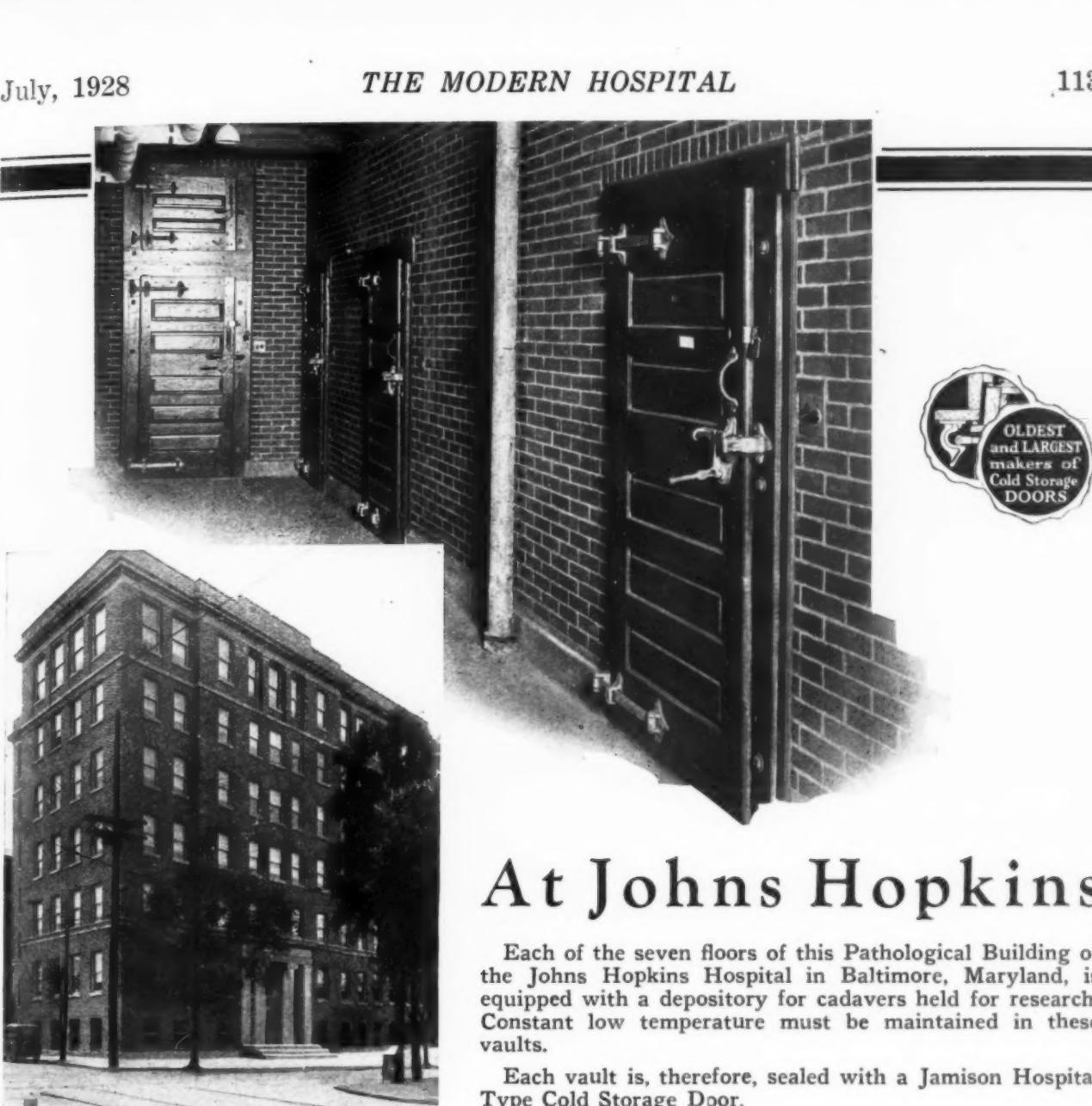
STATE \_\_\_\_\_

# List of Exhibitors Participating in the Convention

MORE than usual interest is centered this year in the exhibits at the American Hospital Association convention. Most of the exhibits have been chosen for their educational and technical value and their arrangement makes inspection and comparison easier than usual. Exhibitors report that many new products and refinements will be shown at San Francisco.

- Acme International X-ray Co., Chicago, Ill., X-ray equipment, booths 80 and 81.  
 Albatross Steel Equipment Co., Sawtelle, Calif., steel hospital furniture, booths 132 and 153.  
 Aluminum Cooking Utensil Co., New Kensington, Pa., "Wear-Ever" aluminum cooking utensils, booth 63.  
 American Dietetic Association, Chicago, Ill., publication, booth 152.  
 American Hospital Supply Corp., Chicago, Ill., hospital supplies, booth 107.  
 American Journal of Nursing, Rochester, N. Y., publication, booth 28.  
 American Laundry Machinery Co., Norwood Station, Cincinnati, Ohio, Cascade washer, drying tumbler, two Eagle presses, extractor and flat work ironer, booths 188, 189 and 190.  
 American Sterilizer Co., Erie, Pa., sterilizers and hospital equipment, booths 4 and 5.  
 Anstice & Co., Josiah, Rochester, N. Y., sterling slicers, booth 176.  
 Applegate Chemical Co., Chicago, Ill., indelible ink—linen marker, booth 18.  
 Baker-Hansen Mfg. Co., Alameda, Calif., Baker ball bearing-air compressors and automatic units, booth 24.  
 Baker Linen Co., H. W., New York, sheets, pillow cases, blankets, bath and face towels, and table linens, booth 49.  
 Bard-Parker Co., Inc., New York, detachable blade knives, booth 27.  
 Barnstead Still and Sterilizer Co., Inc., Boston, Mass., water stills and sterilizers, represented by F. A. Hamilton, booth 32.  
 Battle Creek Food Co., Battle Creek, Mich., Battle Creek Sanitarium health foods, booth 124.  
 Becton, Dickinson & Co., Rutherford, N. J., B-D hospital thermometers, syringes, needles, and hospital specialties, booth 167.  
 Betz Co., Frank S., Hammond, Ind., steel furniture, surgical instruments and sundries, booth 141.  
 Britesun, Inc., Chicago, Ill., electro-physiotherapy equipment, booth 96.  
 Buck X-Ograph Co., St. Louis, Mo., X-ray films and X-ray supplies, booth 83.  
 Bush Electric Corp., San Francisco, Calif., X-ray apparatus, booth 62.  
 Campbell-Shirk Co., Milwaukee, Wis., refrigeration manufacturers, booth 158.  
 Canada Dry Ginger Ale, Inc., New York, "Canada Dry" ginger ale and "Sumora Orange" concentrated, booth 203.  
 Cash, Inc., J. and J., Los Angeles, Calif., woven names, initial line marking letters, booth 102.

- Castle Co., Wilmot, Rochester, N. Y., sterilizers, booths 198 and 199.  
 Celotex Co., Chicago, Ill., Acousti-Celotex (sound absorbing material), booth 157.  
 Central Scientific Co., Chicago, Ill., scientific apparatus and instruments for hospital and clinical laboratories, including incubators, Wassermann baths, biochemical apparatus, etc., booth 128.  
 Century Machine Co., Cincinnati, Ohio, mixers—full line of machines of all kinds for equipment of bake shops, booth 65.  
 Certified Laboratory Products, San Francisco, Calif., nitrous oxide gases, sterilizers and operating lights, booth 137.  
 Clark Co., A. M., Chicago, Ill., Bacon bedside table, Bacon bed lamp, nurses' chart desk, telephone table and chair, small white enamel table and folding chair, booth 23.  
 Clark Linen Co., Chicago, Ill., cotton goods, linens, bedding and blankets, booth 100.  
 Colson Co., Elyria, Ohio, wheel stretchers, wheel chairs, trucks, casters and wheels, canvas baskets and food conveyors, booths 33, 34, 35 and 36.  
 Columbian Enameling & Stamping Co., Terre Haute, Ind., enameled steel wares, booth 21.  
 Connecticut Telephone & Electric Co., Meriden, Conn., signal systems and interior telephones, booth 193.  
 Continental Chemical Corp., Watseka, Ill., Car-Na-Var floor treatment, Rubber-Var for rubber floors, Clean-O-Shine, Sterilizol (cresol comp.) liquid and soft soaps, cleaning compounds, Detergo, disinfectants, germicides, polishes, electric floor machines and floor wax, booths 111 and 118.  
 Crane Co., Chicago, Ill., hospital plumbing fixtures, booths 113 and 114.  
 Crescent Washing Machine Division of Hobart Mfg. Co., Troy, Ohio, glass and dish washer, booths 45 and 46.  
 Davis Co., R. B., Hoboken, N. J., baking powder, dry yeast baking powder and Cocomalt, booth 41.  
 DePuy Manufacturing Co., Warsaw, Ind., splints and overhead extension frame, booth 122.  
 Deshell Laboratories, Inc., Chicago, Ill., Petrolagar—emulsion of mineral and agar-agar, booth 115.  
 DeVilbiss Co., Toledo, Ohio, nose and throat sprays. Spray painting and finishing equipment for exterior and interior painting and furniture refinishing, booth 144.  
 Dohrmann Hotel Supply Co., San Francisco, Calif., china, glassware, silverware, kitchen appliances and utensils, surgical enamelware and Monel metal, table linen and bedding, booths 73 and 74.  
 Dougherty, H. D., Philadelphia, Pa., steel hospital furniture—beds and bedding, booths 170 and 171.  
 Duriron Co., Dayton, Ohio, acid proof drainage and ventilating equipment, booth 20.  
 Dwight Mfg. Co., New York, cotton textiles, uniform materials, sheets and pillow cases, bed spreads, piece goods, bleached and unbleached, booths 10 and 11.  
 Eastman Kodak Co., Medical Division, Rochester, N. Y., motion picture apparatus and X-ray supplies, booths 206 and 207.



## At Johns Hopkins

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Pathological Laboratories  
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- Eastman Machine Co., Buffalo, N. Y., Eastman cutting machines (cutting gauze, surgical dressings, bandages, nurses' uniforms and sleeping garments), booth 75.
- Edison Electric Appliance Co., Chicago, Ill., electric cooking equipment, booths 52 and 53.
- Electric Storage Battery Co., Philadelphia, Pa., Exide emergency lighting batteries, booth 180.
- Faichney Instrument Corp., Watertown, N. Y., clinical thermometers, hypodermic needles and syringes and surgical instruments, booth 86.
- Faultless Caster Co., Evansville, Ind., casters, booth 181.
- Faultless Rubber Co., Ashland, Ohio, rubber sundries and specialties, booth 194.
- Fengel Corp., New York, full line hospital, surgical, laboratory supplies including enameledware, glassware, surgical instruments, rubber goods, thermometers, hypodermic syringes and needles and miscellaneous sundries, booth 195.
- Finnell System, Inc., Elkhart, Ind., Finnell system of electric scrubbing, waxing, and polishing equipment, booth 191.
- Flanders-Day Co., Boston, Mass., sutures and ligatures of all kinds, booth 42.
- Ford Co., J. B., Wyandotte, Mich., "Wyandotte" Yellow Hoop, "Wyandotte" Detergent and "Wyandotte" cleaner and cleanser, booth 166.
- Foregger Co., Inc., New York, anesthesia apparatus and appliances, booth 163.
- Fuller & Co., W. P., San Francisco, Calif., Ultra-violet ray glass, booth 123.
- General Laundry Mach. Corp., Philadelphia, Pa., laundry machinery, booths 245, 246 and 247.
- Goodyear Tire and Rubber Co., Akron, Ohio, rubber floor covering material, booth 15.
- Hall & Sons, Frank A., New York, hospital bedsteads and bedding and hospital furniture, booths 84, 85, 88 and 89.
- Hamilton, F. A., San Francisco, Calif., water stills and sterilizers, hospital furniture and No-Rinkle rubber sheeting, booth 32.
- Hankins Rubber Co., Massillon, Ohio, seamless rubber gloves, booth 25.
- Hansen's Laboratory, Inc., Chr., Little Falls, N. Y., Junket tablets, powders and colors, booth 82.
- Heidbrink Co., Minneapolis, Minn., gas machines, booths 76 and 77.
- Henney Motor Co., Freeport, Ill., ambulance, booth 159.
- Hobart Mfg. Co., Troy, Ohio, Hobart machines (mixers), booth 72.
- Holtzer-Cabot Electric Co., Roxbury, Mass., hospital signal systems, booth 55.
- Horlick's Malted Milk Corp., Racine, Wis., Horlick's malted milk, Horlick's food (milk modifier) and electric drink mixer, booth 202.
- Hospital Management, Chicago, Ill., publication, booth 257.
- Hospital Topics & Buyer, Chicago, Ill., publication, booth 43.
- Huntington Laboratories, Inc., Huntington, Ind., foot pedal soap dispensers, Baby San dispensers, liquid surgical soap, Baby San liquid castile, floor wax, scrubbing compounds and cresol compounds, booth 142.
- Hygienic Fibre Co., New York, cotton gauze and surgical dressings, booths 103 and 104.
- International Nickel Co., New York, Monel metal products, booth 37.
- Italian Vineyard Co., Los Angeles, Calif., "Guasti" cooking wines, booth 97.
- Jacobs Brothers, Baltimore, Md., nurses' uniforms, booth 179.
- Johns-Manville Corp., New York, acoustical correction, Asbestile, asbestos wood, booth 174.
- Johnson & Johnson, Inc., New Brunswick, N. J., surgical dressings, ligatures and sutures, booths 112 and 117.
- Kansas City Oxygen Gas Co., Kansas City, Mo., nitrous oxide, oxygen and carbon dioxide, ethylene, hydrogen and gas apparatus, booth 3.
- Karr Co., Holland, Mich., mattresses, booth 192.
- Kaufmann & Co., Henry L., Boston, Mass., No-Rinkle rubber sheeting, hospital supplies and specialties, represented by F. A. Hamilton, booth 32.
- Kelley-Koett Mfg. Co., Inc., Covington, Ky., X-ray apparatus, booths 200 and 201.
- Kirsch Mfg. Co., Sturgis, Mich., curtain rods, booth 48.
- Kny-Scheerer Corp., New York, surgical instruments, furniture and sterilizing apparatus, booths 168 and 169.
- Komfortos Co., Los Angeles, Calif., cradles and croup tents, booth 161.
- Lewis Mfg. Co., Walpole, Mass., Curity gauze, cotton and dressings—Cellucotton, booths 26 and 38.
- Lippincott Co., J. B., Philadelphia, Pa., books and charts, booth 54.
- Lueck Co., Geo. A., Milwaukee, Wis., Food Cart—"Thermo-Serve-Mobile," booth 162.
- Lyons Sanitary Urn Co., New York, Lyons sanitary milk urns, cream urns and other liquid dispensers, booth 2.
- MacGregor Instrument Co., Needham, Mass., instruments and electric or water breast pumps, booth 39.
- Macmillan Co., New York, books, booth 71.
- Marvin Co., E. W., Troy, N. Y., garments and supplies for nurses and hospital personnel, booths 105 and 106.
- Meinecke & Co., New York, rubber goods, enameledware and surgical supplies, booths 57, 58, 59 and 60.
- Midland Chemical Laboratories, Inc., Dubuque, Iowa, liquid soaps, germicides, products for cleaning, polishing, and deodorizing equipment, booths 16 and 17.
- Modern Hospital Publishing Co., Chicago, Ill., publication, booth 116.
- Morris Hospital Supply Co., New York, hospital supplies, booth 92.
- Mott Co., Inc., J. L., Trenton, N. J., plumbing fixtures, booths 196 and 197.
- Mulford Co., H. K., Philadelphia, Pa., antivenin, insulin and some of the newer biological products, booth 8.
- National Carbon Co., Cleveland, Ohio, therapeutic arc carbons—light therapy, booth 40.
- National Lead Co., New York, lead paint—display showing proper use of color in hospitals, booth 30.
- Olson & Co., Samuel, Chicago, Ill., surveyors, linen chute, Universal pneumatic tube systems, booths 148 and 149.
- Onondaga Pottery Co., Syracuse, N. Y., crockery and china, booths 172 and 173.
- Paige & Jones Chemical Co., Inc., Hammond, Ind., water softeners, booth 93.
- Palmolive-Peet Co., Chicago, Ill., soaps, booth 61.
- Pendleton Woolen Mills, Portland, Ore., Pendleton blankets, booth 151.
- Pfaudler Co., Rochester, N. Y., glass lined steel linen chute, booth 98.
- Physicians' Record Co., Chicago, Ill., hospital records and filing devices—hospital publicity material, booth 91.
- Pick-Barth Co., Albert, Chicago, Ill., hospital furnishings and equipment, booths 94 and 95.
- Postum Co., New York, exhibit of educational department (supplementary teaching materials). Post health

# Keleket

X-RAY EQUIPMENT

The Exposition of the Annual Hospital Convention to be held August 6-10, 1928, in the Exposition Auditorium at San Francisco, Calif., will have many exhibits of vital importance to the profession.

Chief among these will be the Keleket displays. Whether you are a Roentgenologist or not you will appreciate the wonderful strides that science has made, as revealed in Keleket X-ray apparatus.

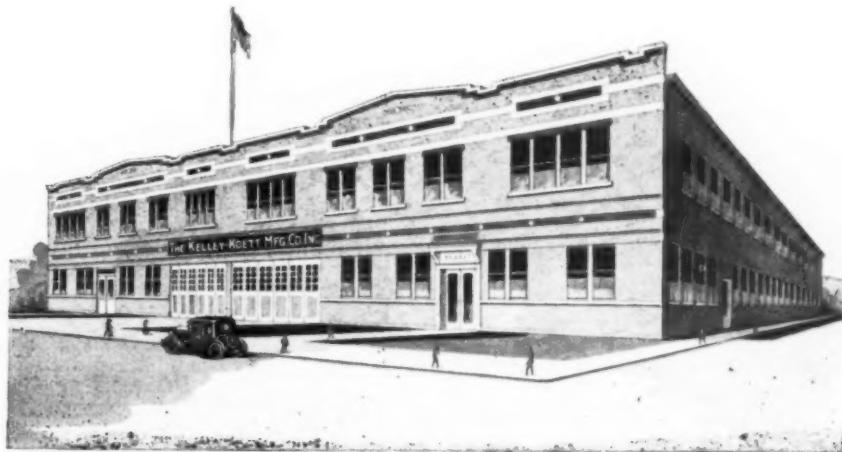
Whatever your motive in going to the San Francisco Convention—to meet your friends, to look around or to buy—a visit to Keleket Booths 200 and 201 will make your trip worth while.

We have served your profession with mutual advantage for more than a quarter of a century. Today we are equipped to meet your needs more efficiently and with greater satisfaction than ever before.

**BOOTHES**  
200-201

**The Kelley-Koett Mfg. Co., Inc.**

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*"The X-ray City"*



- products (Postum, Grape-Nuts, Post's Bran flakes, Post Toasties and Post's bran chocolate). Jell-O products, booths 133, 134 and 135.
- Procter & Gamble Co., Cincinnati, Ohio, soaps, booth 136.
- Reid Bros., Inc., San Francisco, Calif., hospital supplies and furniture, booths 163, 164 and 165.
- Richey, Browne & Donald, Inc., Maspeth, N. Y., Browne steel windows, booth 178.
- Ritter Dental Mfg. Co., Inc., Rochester, N. Y., a complete line of equipment necessary for the establishment of dental clinics, booths 145 and 146.
- Ross, Inc., Will, Milwaukee, Wis., hospital supplies, booth 150.
- Sanymetal Products Co., Cleveland, Ohio, steel and glass hospital cubical partitions, steel toilet partitions, steel and glass office partitions, metal costumers and bed screens, booth 139.
- Saunders Co., W. B., Philadelphia, Pa., publishers, booth 64.
- Scanlan-Morris Co., Madison, Wis., sterilizers, operating room equipment and ward furniture, booths 108, 109 and 121.
- Scherer Co., R. L., Los Angeles, Calif., hospital furniture, operating room equipment, surgical instruments and X-ray equipment, booths 110, 119 and 120.
- Schoedinger, F. O., Columbus, Ohio, hospital furniture, represented by F. A. Hamilton, booth 32.
- Schweizer Fruit Products, Chicago, Ill., canned fruits, booths 78 and 79.
- Scialytic Corporation of America, Philadelphia, Pa., Scialytic shadowless operating lights, booth 143.
- Sexton & Co., John, Chicago, Ill., canned foods, preserves, pickles, teas, coffee and gelatine dessert, booths 12, 13 and 14.
- Shine-All Sales Co., St. Joseph, Mo., Shine-All and Helco hospital soap, booth 22.
- Siebrandt Mfg. Co., J. R., Kansas City, Mo., fracture appliances, booth 140.
- Simmons Co., Kenosha, Wis., beds and bedding, steel furniture, booths 182, 183, 184 and 185.
- Smith Bros. Co., John E., Buffalo, N. Y., meat and food choppers, bread slicers, booth 176.
- Spindler & Sauppe, San Francisco, Calif., Leitz microscopes, photo-micrographic apparatus, microscopic and lantern slide projection apparatus, illuminators for surgical operations, laboratory colorimeters, booth 29.
- Squibb & Sons, E. R., New York, biologicals, arsphenamines, insulin and chemicals, booths 50 and 51.
- Standard Sanitary Mfg. Co., Pittsburgh, Pa., plumbing fixtures, booths 6 and 7.
- Stedman Products Co., South Braintree, Mass., rubber tile floors, rubber wainscoting, rubber bed bumpers, rubber desk tops, rubber door stops, booths 186 and 187.
- Stickley Bros. Co., Grand Rapids, Mich., hospital furniture in wood, booth 9.
- Studebaker Corporation of America, South Bend, Ind., ambulance, booth 19.
- Surgex Mfg. Co., Oakland, Calif., dishwashing machines, booth 125.
- Sussman, Wormser & Co., San Francisco, Calif., Nutradiet products: canned fruits and berries packed in sterile water without salt or sugar, booth 101.
- Thorner Bros., New York, general hospital supplies and specialties, booth 1.
- Toledo Technical Appliance Co., Toledo, Ohio, McKesson anesthetic appliances, metabolor surgical pumps and piping, booth 31.
- Trained Nurse and Hospital Review, New York, publication, booth 177.
- Troy Laundry Machinery Co., Ltd., Factories, East Moline, Ill., Troy Premier drying tumbler and Troy all Monel metal Premier washer, booths 129, 130, 131, 154, 155 and 156.
- U. S. Slicing Machine Co., La Porte, Ind., slicers, booth 66.
- Universal Hospital Supply Co., Chicago, Ill., hospital supplies, booth 56.
- Veldown Co., Inc., New York, booth 99.
- Vestal Chemical Co., St. Louis, Mo., sanitary supplies, surgical soaps, antiseptics, disinfectants, floor cleaners, etc., booths 138 and 147.
- Victor X-ray Corp., Chicago, Ill., X-ray equipment, booths 67, 68, 69 and 70.
- Vitaglass Corp., New York, Vita Glass which transmits ultra-violet rays, making complete light of sun available for indoor heliotherapy, booth 265.
- Wagner Mfg. Co., Sidney, O., aluminum cooking utensils, booth 47.
- Waters Genter Co., Minneapolis, Minn., Strite automatic electric toasters—waffle irons and food cabinets, booth 175.
- Western Hospital and Nurses Review, 520 Southwest Bldg., Los Angeles, Calif., publication, booth 127.
- Wilson Rubber Co., Canton, Ohio, rubber gloves, booth 90.
- Yawman & Erbe Mfg. Co., Rochester, N. Y., hospital filing systems and equipment, booth 44.
- Zimmer Manufacturing Co., Warsaw, Ind., splints and appliances for treatment of fracture, booth 87.

#### EDUCATIONAL EXHIBITS

- American Association of Hospital Social Workers, Chicago, Ill., booths 254 and 255.
- American College of Surgeons, Chicago, Ill., booths 243, 243A and 244.
- American Dietetic Association, Chicago, Ill., booth 241.
- American Hospital Association, Chicago, Ill., booths 208 and 209.
- American Medical Association, Council on Medical Association and Hospitals, Chicago, Ill., booths 267, 268 and 269.
- American Nurses Association, New York, booths 250 and 251.
- American Occupational Therapy Association, New York, booths 211, 212, 213, 214 and 215.
- Committee on the Grading of Nursing Schools, New York, booths 248 and 249.
- Headquarters—Canadian Delegates, booth 256.
- Hospital Dietetic Council, Mary A. Foley, President, Rochester, Minn., booths 252 and 253.
- Hospital Information Center, Howard E. Bishop in charge, booth 204.
- Hospital Library and Service Bureau, Chicago, Ill.
- National Child Welfare Association, Inc., New York, booth 264.
- National Hospital Day Committee, C. J. Cummings, Chairman, booth 205.
- New York Tuberculosis and Health Association, Inc., New York, booths 258 and 259.
- Shriners Hospitals for Crippled Children, San Francisco, Calif., booths 239 and 240.
- United Hospital Fund of New York, New York, booth 266.
- Western Hospital Association, W. F. Vail, Pres., Pasadena, Calif., booth 126.

# Announcing A New Scientific Triumph The VITAVAC Process

FOR the first time in the history of food preservation, by means of the newly discovered VITAVAC PROCESS, it is now possible to bottle tree-ripened orange juice so that it will last indefinitely and fully retain the indispensable antiscorbutic Vitamin "C". VITAVAC Orange Juice is bottled by an entirely new principle. No preservatives are used—nothing is added—nothing taken away. A bottle of VITAVAC Orange Juice is the same as a cluster of ripe luscious oranges except for the skin.

The labor and annoyance incidental to the preparation of ordinary orange juice is eliminated. The VITAVAC way is the modern, efficient way of serving orange juice. And the price is reasonable.

VITAVAC Orange Juice can be prescribed in every case where orange juice is prescribed.

Inquiries are invited

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FULLERTON, CALIFORNIA

**VITAVAC**  
**STRAIGHT**  
**ORANGE JUICE**



*Report on VITAVAC Orange Juice from  
the Westfield Testing & Research  
Laboratories, Westfield, Mass.*

**A**NALYSIS of the orange juice indicates that it is a very close approximation to fresh expressed orange juice. In fact there is no difference to be determined by chemical analysis. The product is bacteriologically sterile, and no yeasts or spores thereof have survived the vacuum process.

Vitamin C, which is usually destroyed in the canning process, with the single exception in the case of tomatoes, is present in high potency. I should judge that there had been little or no loss in vitamin potency compared with ordinary freshly expressed orange juice. There is in addition a small quantity of Vitamin B. Probably there has been no loss in this factor from that in the freshly expressed juice.

	Physical	Chemical
Color	Good	
Flavor	Piquant	
Specific Gravity	1.0420	(Normal)
Total Solids	11.06%	(Normal)
Acidity as Citric acid	0.91%	
Total ash	0.27%	
Alkalinity of ash	38.2	(Normal)
Bacteria per cc. On gelatin 48 hours @ 20° C.	None	(Normal)
Bacteria per cc. on Agar, 48 hours @ 20° C.	None	(Normal)
Yeast	None	
Viable spores	None	
Vitamin C	None	
Vitamin B	Highly potent	
	Trace	

## NEWS OF THE MONTH

### Health and Hospital Survey to Be Made in Manitoba

A committee appointed by the welfare supervision board of the Province of Manitoba, Que., has begun a systematic health and hospital survey. According to an article in a recent issue of the *Canadian Nurse*, the object of this movement, which is being sponsored by Dr. E. W. Montgomery, minister of health and public welfare in the Province of Manitoba, is to secure more adequate knowledge of health conditions in that province and any other parts of Canada where such information is available.

It is planned to send questionnaires to all medical practitioners, hospital superintendents, suburban and municipal councils, public health nurses and school teachers. Undoubtedly the information provided by graduate nurses will be of great value, for they have the opportunity to travel around and actually observe conditions in some of the training schools. This gives them a basis for comparison which will prove invaluable to the survey.

Reports of legislation, supervision and financing of hospitals, tuberculosis and all its problems, sanitary conditions in the province, the most efficient ways of carrying out the health officers' duties, maternal and fetal death rates and information regarding the health of children of school age and younger will all go to make up the substance of the final report.

### John B. Murphy Hospital Purchased by Cardinal Mundelein

The John B. Murphy Hospital, Chicago, built five years ago as a memorial to Dr. John B. Murphy, was purchased recently by Cardinal Mundelein for approximately \$400,000. The building, a beautiful four-story structure, has a capacity for 101 patients. Included in the sale of the hospital were two nurses' homes, a cottage, a garage and tennis courts. The purchase was consummated by the Catholic church buying most of the stock in the Sheridan Park Hospital corporation, owner and operator of the Murphy Hospital. It is reported that the hospital will be operated by the Sisters of Mercy.

### Medical Records Training Course for Women Announced

A class in medical records training has been organized at the Bryn Mawr Hospital, Bryn Mawr, Pa., which is open to all young women who have any desire to learn about medical records. The object of the course is to train women to become medical records technicians, for which there has lately been a great demand, on account of the standardized requirements for members of the medical records departments in hospitals.

The course is being conducted by Frances Benson, head

of the medical records department, who states that the women who enroll will be given a six months' course of training, which will enable them to handle a record room or other hospital administrative position, and that they will, as a part of their training, be given actual participation in hospital routine as working assistants during certain hours each day. During the progress of the course they will also be given the opportunity to attend lectures of a standard training school for nurses.

The services rendered during the period of instruction will be accepted as equivalent to a tuition fee.

### New Marine Hospital to Rise in New Orleans

A new marine hospital to cost approximately \$2,000,000 was recently authorized by Congress, and will be started in New Orleans, La., early in the Fall. It is expected that the hospital will be ready for use within two years.

Major W. C. Rucker, surgeon in charge of the present marine hospital, with F. C. Smith, assistant United States surgeon general, and government architects went over the ground recently in preparation for the drawing of the plans. There will be three buildings, one for the administrative offices, one to be used as a mess hall and the other as a hospital. The old New Orleans style of architecture will be used.

The appropriations also calls for a modern laundry, power plant, garages, refrigerating plant, quarters for officers and nurses, storage quarters and other auxiliary buildings.

Four years ago the average number of patients cared for in the hospital was about 214 daily, but at the present time statistics show that nearly double that number are cared for. The new hospital building will accommodate 500 patients, and the other buildings will be equipped to care for nearly 500 additional patients to provide for future expansion.

### Nurses Plan Memorial to Miss Shaw

The Alumnae Association of the School for Graduate Nurses, McGill University, Montreal, Que., has decided to establish a memorial to the memory of the late Flora Madeline Shaw, the first director of the school. This memorial is to take the form of an endowment fund to further nursing education through the School for Graduate Nurses, McGill University. The nucleus of the fund has been raised by the members of the alumnae. It is now hoped that Miss Shaw's friends and persons interested in nursing education will assist by sending their subscriptions to this memorial. All contributions, large or small, will be welcome. Subscriptions may be sent to Dorothy Cotton, 581 Sherbrooke Street, West, Montreal, secretary-treasurer of alumnae association, School for Graduate Nurses.

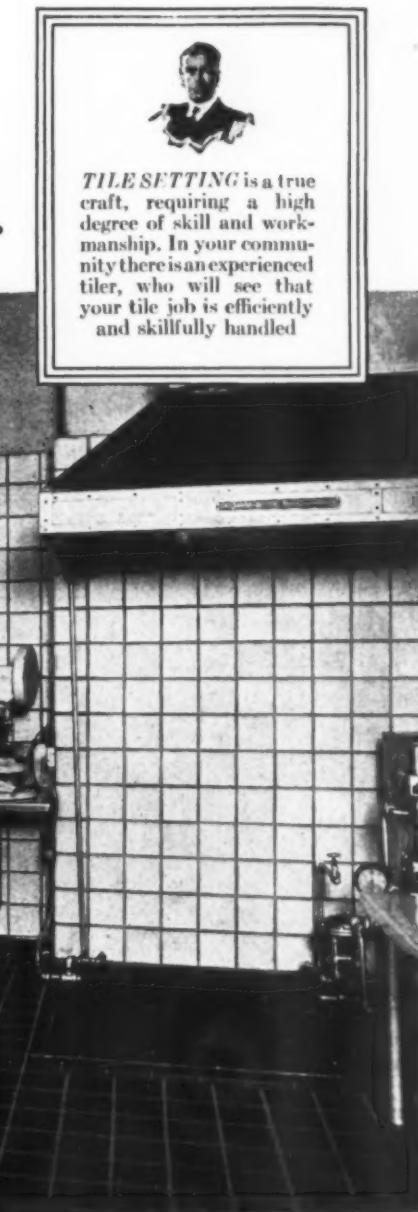
# Its permanence, scientifically proven . . . makes tiling most economical

**S**CIENCE comes to your aid in selecting the most suitable material for hospital floors, walls, all exposed surfaces. Scientific tests prove that, in addition to meeting the ordinary requirements of sanitation and appearance, ceramic tiles—real tiles—are most economical on the basis of maintenance costs.

Tested for resistance to chemicals by immersion in solutions of both acids and alkalies, tile showed no loss of weight, no evidence of deterioration. Other familiar materials lost from 105 to 345 milligrams per gram, and showed marked evidence of physical change. Similarly, in the test for abrasion, tile showed the lowest percentage of loss. In the absorption test, tile showed no gain in weight. Tests for resistance to light, heat, stain likewise showed tile far superior.

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K E R A M I C   T I L E S

## Personals

**MAX DEKAY**, formerly assistant superintendent of the Beth Israel Hospital, New York, has been appointed superintendent of the Brownsville and East New York Hospital, Brooklyn, to succeed **DR. ARTHUR A. EISENBERG**.

**DR. HERMAN SCHWATT** was recently appointed medical director and superintendent of the Sanatorium of the Jewish Consumptives Relief Society, Sanatorium, Colo., and has recently assumed his duties. Dr. Schwatt was medical director of the above institution for over five years, and was associated with the Workman's Circle Sanatorium, Liberty, N. Y., for two years. Since then he has practiced in New York as a specialist in tuberculosis. Dr. Schwatt is succeeding to a position left vacant through the resignation of **DR. G. E. EHRENBURG**.

**CLARA M. WIDDEFIELD** has resigned her position as superintendent of the Corry Hospital, Corry, Pa., to accept a similar position at the Meadville City Hospital, Meadville, Pa., where she is succeeding **LYDIA A. WHITON**. **ANNA E. KERNS** is the new superintendent of the Corry Hospital.

**ANNA E. NELSON** has accepted the appointment as superintendent of the new county hospital for contagious diseases which was recently opened in Calcium, N. Y.

**VIRGINIA REEVES** has been appointed to succeed **MARTHA KINCAID** as superintendent of the John Ruth Memorial Hospital, Yoakum, Tex.

**CHARLES G. WILLIAMS**, after seven years of service has resigned as superintendent of the Garfield Park Hospital, Chicago. His successor, **GEORGE F. CARVER**, has had experience in hospitals in England, Canada and the United States.

**BESSIE DIEFENDERFER**, formerly associated with the Washington County Hospital, Hagerstown, Md., has recently been appointed superintendent of the King's Daughters Hospital, Martinsburg, W. Va., where she will succeed Jean Hand.

**MOTHER ODILO**, who in the past has been superintendent of nurses at St. Joseph's Hospital, Fort Wayne, Ind., has been appointed superintendent of the new St. Catherine's Hospital, East Chicago, Ind.

**DR. HERBERT F. GAMMONS**, recently assistant superintendent of the Arkansas Tuberculosis Sanatorium, State Sanatorium, Ark., has been appointed superintendent of the Niagara County Sanatorium, Lockport, N. Y., to fill the vacancy left by the resignation of **DR. CHARLES W. DAVIS**.

**DR. JOHN M. CONROY** is the newly appointed head of the Pureair Sanatorium, Pureair, Wis., succeeding **DR. WILLIAM E. FAWCETT**.

**DR. CHESTER D. ALLEN**, having resigned as head of the United States Veterans' Hospital, Memphis, Tenn., has been succeeded by **DR. EUGENE DAVIS**, who was formerly in charge of the Veterans' Hospital, New Orleans, La.

**DR. ROBERT J. ENOCHS** has been appointed superintendent of the new government hospital for the Choctaw Indians, Philadelphia, Miss. The hospital was opened April 14.

**LILLIAN PEER** has accepted the appointment as superintendent of the Altadena Hospital, which has recently been opened in Altadena, Cal.

**DR. CHARLES J. KOERTH**, formerly house physician of the Woodmen of the World Hospital, San Antonio, Tex., has been appointed superintendent of that institution, succeeding **DR. H. PHIL HILL**, who died recently.

**DR. A. J. WARE** has been appointed to succeed **DR. P. H. GULLEY** as superintendent of the Matty Hersee Stace Charity Hospital, Meridian, Miss.

**ELIZABETH JOHNSON** has accepted the appointment as superintendent of the Lee Memorial Hospital, Fort Meyers, Fla., succeeding Mrs. Mary Houser.

**CLARA B. STEWART** has resigned her position as superintendent of the Jordan Hospital, Plymouth, Mass. Her successor has not as yet been chosen.

**MARION M'CUMBER**, formerly assistant superintendent of the North Hudson County Hospital, Weehawken, N. J., has been appointed temporary superintendent of that institution. **MATILDA GUMPER**, who was superintendent, has resigned.

**MARIE J. ROBERTSON**, having served fifteen years as superintendent of the Jamestown General Hospital, Jamestown, N. Y., recently resigned.

**MILTON BERGEY** is the newly appointed superintendent of the Washington County Hospital, Hagerstown, Md., filling a vacancy left through the resignation of **MARY E. HENRY**.

**KATHRYN M. POND** has accepted the appointment as superintendent of the new Stouder Memorial Hospital, Troy, Ohio.

**STELLA HAWKINS** has resigned as superintendent of nurses at the Ellis Hospital, Schenectady, N. Y.

**ELIZABETH MILLER**, formerly superintendent of the Dover Hospital, Dover, N. J., has recently accepted the appointment as superintendent of the Francis E. Willard Hospital, Chicago. The new building occupied by the Willard hospital was recently purchased from the Austin Hospital.

**KATHERINE M. DANNER** has left the Deaconess Hospital, Buffalo, N. Y., where she was superintendent, to accept a similar position at the Hanover General Hospital, Hanover, Pa. **FLORENCE W. JENKIND**, who was superintendent of the Hanover Hospital, has resigned.

**MRS. MAUD H. METCALF** has been appointed superintendent of nurses at the Lutheran Hospital, New York City.

**DR. SAMUEL DODDS**, superintendent of the Northern Hospital for the Insane at Logansport, Ind., died recently.

**SARAH BITLER** has replaced **DORIS CHRISTESON** as superintendent of the Jersey Shore Hospital, Jersey Shore, Pa. Miss Bitler recently resigned as night supervisor of the Bloomsburg Hospital, Bloomsburg, Pa., of which Marion E. Smith has been superintendent since 1920.

# A great Los Angeles hospital selects its china . . .



*The St. Vincent's Hospital, Los Angeles, drawn by the artist, Earl Horter.*

WHEN it came to selecting the china for the magnificent St. Vincent's Hospital, Los Angeles, the choice was Syracuse China. This distinguished china, because of its delightful patterns and exceptional durability, is perfectly fitted to hospital service.

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Syracuse dealer near you he will show you our extensive line of standard designs and special made - to - order work. Write us for his name.

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## SYRACUSE CHINA

## Among the Associations

# Smelzer Is Chosen President of Minnesota Association

**A**N INTERESTING and well attended two-day meeting was held by the Minnesota Hospital Association May 28 and 29, at the Curtis Hotel, Minneapolis. The meeting opened on Monday morning with Dr. E. S. Mariette, superintendent, Glen Lake Sanatorium, Oak Terrace, president of the association in the chair, and invocation was pronounced by the Rev. J. A. O. Stub, Central Lutheran Church, Minneapolis. This was followed by an address of welcome by the Hon. George Leach, mayor of the city. Roy Watson, the Kahler Corporation, Rochester, responded.

Seldom does a state organization have the pleasure of listening to as clear and logical an address as that delivered by Dr. W. C. Alvarez, Mayo Clinic, Rochester, on

urged those present to further their research so as to cover individual cases, and by easy stages to veer away from routines.

His paper was ably discussed by Eda Ferbert, St. Luke's Hospital, Duluth, and by Florence Smith, St. Mary's Hospital, Rochester.

Joseph Norby, superintendent, Fairview Hospital, Minneapolis, and president of the Minneapolis Hospital Council, presided at a luncheon, at which time guests from other states were introduced and an inspirational talk was given by the Rev. Dr. David Bryn-Jones, Trinity Baptist Church, Minneapolis. Dr. Jones took for his theme the life of Florence Nightingale.

### Cash Balance in Hand

The business session of the convention was held in the afternoon, at which time the secretary-treasurer, Dr. Donald C. Smelzer, superintendent, Charles T. Miller Hospital, St. Paul, reported a cash balance on hand of \$1,246.84. Other committees reporting were: legislative committee, H. B. Smith, president, Northern Pacific Hospital, St. Paul, chairman; constitution and rules, Paul H. Fesler, superintendent, University of Minnesota Hospital, Minneapolis, chairman; auditing, Elizabeth McGregor, superintendent, Gillette State Hospital for Crippled Children, St. Paul, chairman; membership, Lydia H. Kellar, R.N., superintendent, Wesley Hospital, Wadena, and nominating, Margaret Rogers, superintendent, St. Luke's Hospital, St. Paul, chairman.

Two candidates for each office were placed in nomination and ballotted on the following morning. The results were as follows: president, Dr. Donald C. Smelzer; first vice-president, James McNee, superintendent, St. Luke's Hospital, Duluth; second vice-president, Sister M. Julitta, superintendent, St. Raphael's Hospital, St. Cloud; third vice-president, Joseph Norby; executive committee, Harriet S. Hartry, superintendent, St. Barnabas Hospital, Minneapolis, H. B. Smith and Paul Fesler.

Dr. J. A. Meyers, Minneapolis, delivered a paper on "Should a General Hospital Accept Tuberculosis Cases?" and this evoked much discussion pro and con by superintendents of both sanitoriums and hospitals.

### Round Table Questions Evoke Discussion

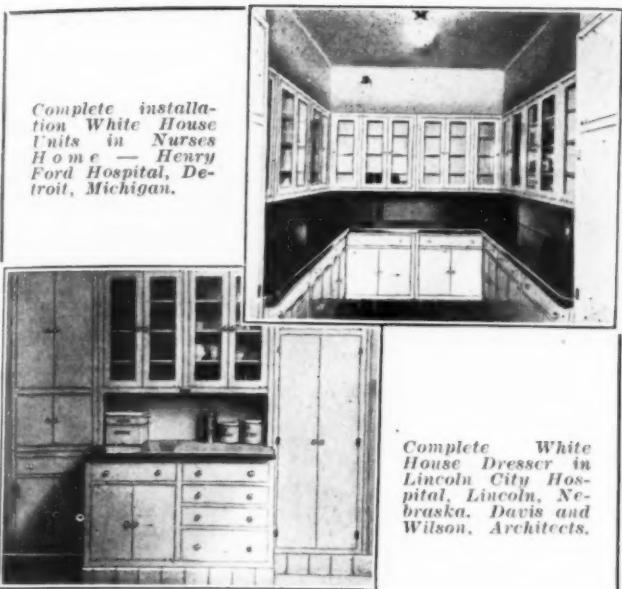
An interesting round table concluded the afternoon program. J. J. Drumond, manager, Worrell Hospital, Rochester, conducted the round table and the questions and answers were both practical and concise.

The banquet was attended by more than two hundred and fifty superintendents, department heads and medical men of the state. Dr. Ray H. Knight, University of Minnesota, presided and introduced as the first speaker Frank Madden, St Paul, who gave a humorous speech regarding hospitals. Dr. Bert W. Caldwell, executive secretary, American Hospital Association, Chicago, brought greetings from the national body and spoke briefly on the aims and ideals of hospitals. The speaker of the



Dr. Donald C. Smelzer

"Dietetics From the Viewpoint of the Physician." Dr. Alvarez touched a new and perhaps controversial note in his statement that too much roughage had crept into the diets for the sick, and also for the healthy. He stated that it was his belief that the entire matter of green vegetables, coarse grains and similar foods had been greatly overemphasized. His plea was for individual diets for patients, rather than standard diets for certain types of cases. He lauded the dietitian in her work and



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### SECTIONAL UNIT STEEL DRESSERS

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Century Mixers for Hospital use*

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## Among the Associations

evening was Dr. Charles Mayo, Mayo Foundation, Rochester, who talked on nurse education, the cost of hospitalization and kindred subjects. Those at the speakers' table were introduced by Dr. Knight, and music was supplied by the University Trio, the hotel orchestra and the Nurses' Glee Club of Fairview Hospital.

The Tuesday morning session was opened with a paper by J. F. Reynolds, general manager, Minneapolis Compensation Rating Bureau, Minneapolis, who told his listeners how the rates for liability insurance and compensation were arrived at and the reasons for each of the charges.

George S. Grimes, president of the board of trustees, St. Barnabas Hospital, Minneapolis, was the second speaker and his topic was "The Private Hospital: Its Relation to the Community and Some of Its Problems."

President Mariette then gave his presidential address in which he discussed the present trend of hospitalization, the local problems affecting hospitals and the cost of hospitalization.

An open forum, at which more than twenty questions were presented, was conducted by Margaret Rogers. The members entered into the discussions in an enthusiastic manner and the forum proved extremely successful.

The afternoon was spent in visits to hospitals in the Twin Cities. Rochester was chosen as the next place of meeting.

### Women's Board and Staff Members of Hospital Entertained

Members of the woman's board of St. Luke's Hospital, Chicago, and members of the staff were entertained at the Blackstone Hotel by Mr. and Mrs. Charles Schweppe on Thursday evening, May 24. There were present nearly three hundred guests who enjoyed an admirable dinner and an interesting discussion of the cost of medical and hospital care, given by Dr. Hugh Cabot, University of Michigan, Ann Arbor, Mich. Dr. Cabot asserted that neither the doctor's fees nor the hospital's charges were too high and that an analysis of either would bring to light many surprising facts regarding the actual costs as contrasted with the reputed costs. Following Dr. Cabot's address a motion picture was shown and a reception followed.

### Efficiency Rating for Tuberculosis Sanatoriums in Illinois

Tests to be given to the sixteen public county tuberculosis sanatoriums in Illinois, by the Illinois Department of Public Health, will determine the percentage of efficiency obtained in the operation of these institutions. Forty-seven counties in the state are collecting nearly \$2,000,000 annually for the support of these institutions, and the object of the survey is to determine whether the money is being used to the best advantage.

The questions that will make up a part of the survey are: Are the sanatoriums receiving enough patients to justify their existence? What type of tuberculous pa-

tients are being treated and how successful is the service in curing the sick and protecting the healthy? Which institution has best accomplished its purpose and what have been the methods adopted?

Following the tests an efficiency rating will be made. Points will be given on the character of the medical and nursing service, administration, plant and equipment, field service and the location of the institution. Aside from this the survey will contain information concerning the number of patients handled last year, the number now in the sanatoriums, the number of incipient and advanced patients, the per capita cost of treatment and the results of treatment for each patient.

The survey is being made under the direction of Dr. Isaac D. Rawlings, state health director.

### Coming Meetings

#### American College of Surgeons.

President, Dr. George David Stewart, New York.  
Director General, Dr. Franklin H. Martin, 40 East Erie street, Chicago.

Next meeting, Boston, Oct. 8-12.

#### American Dietetic Association.

President, Florence Smith, St. Mary's Hospital, Rochester, Minn.  
Business Manager, Dorothy B. Richmond, 25 East Washington Street, Chicago.

Next meeting, Washington, D. C., Oct. 30-31 and Nov. 1.

#### American Hospital Association.

President, Dr. Joseph C. Doane, Medical Director, Philadelphia General Hospital, Philadelphia.  
Executive Secretary, Dr. Bert W. Caldwell, 18 East Division Street, Chicago.

Next meeting, San Francisco, Aug. 6-10.

#### American Occupational Therapy Association.

President, T. B. Kidner, 155 East Forty-second Street, New York.  
Secretary, Eleanor Clarke Slagle, 175 Fifth Avenue, New York.

Next meeting, San Francisco, Aug. 6-10.

#### American Protestant Hospital Association.

President, Rev. H. L. Fritschel, Milwaukee Hospital, Milwaukee, Wis.  
Secretary-Treasurer, Dr. Frank C. English, 2635 Erie Avenue, Hyde Park, Cincinnati.

Next meeting, San Francisco, Aug. 4-6.

#### American Public Health Association.

President, Dr. Herman N. Bundesen, Chicago.  
Executive Secretary, Homer N. Calver, 370 Seventh Avenue, New York.

Next meeting, Chicago, Oct. 15-19.

#### Canadian Nurses' Association.

President, M. F. Gray, University of British Columbia, Vancouver.  
Executive Secretary, Jean S. Wilson, 511 Boyd Building, Winnipeg.

Next meeting, Winnipeg, July 3-4.

#### Children's Hospital Association of America.

President, Robert C. Neff, University Hospital, Iowa City, Iowa.  
Secretary-Treasurer, Bena M. Henderson, Children's Hospital, Milwaukee, Wis.

Next meeting, Aug. 8, 1928.

#### Colorado Hospital Association, Incorporated.

President, Dr. Maurice H. Rees, University of Colorado, School of Medicine, Denver.  
Executive Secretary, Frank J. Walter, Colorado General Hospital, Denver.

Next meeting, Woodmen, Colo., Sept. 11, 1928.

#### Hospital Dietetic Council.

President, Mary Foley, The Kahler Corporation, Rochester, Minn.  
Secretary, Mrs. John Henry Martin, 1230 Amsterdam Ave., New York.

#### Ontario Hospital Association.

President, R. H. Cameron, Women's College Hospital, Toronto.  
Secretary-Treasurer, Dr. F. W. Routley, 410 Sherbourne St., Toronto 5.

Next meeting, Toronto, October 18-19.

#### Western Hospital Association.

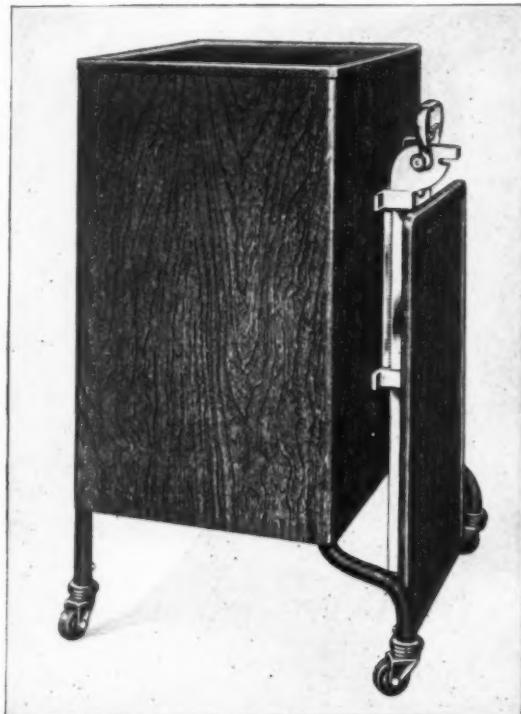
President, W. F. Vail, Pasadena Hospital, Pasadena, Calif.  
Executive Secretary, C. J. Cummings, Tacoma, General Hospital, Tacoma, Wash.

Next meeting, San Francisco, Aug. 6-10.

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## Among the Associations

# Fourth N. Y. Association Meeting Is Round Table Conference

THE members of the Hospital Association of the State of New York met in the Hotel Roosevelt, New York, May 24 and 25, for the fourth annual conference of that association, the attendance numbering a little under two hundred.

At the morning session on Thursday the president, Col. Louis C. Timble, New York, gave his address, following which the entire morning was occupied with the presentation of the reports of officers and committees. Especial interest attached to the report of the vacations committee, in which a number of practical and interesting recommendations were made. The report was presented by Carl P. Wright, chairman of the committee.

At the afternoon session the report of the nominating committee was presented by the chairman, Grace E. Allison, superintendent, Samaritan Hospital, Troy. The constitution of the association has been changed to do away with a president-elect, and in future the president for the ensuing year will be elected at the annual meeting of the association.

Dr. C. W. Munger, director, Grasslands Hospital, Valhalla, chairman of the workmen's compensation committee, presented the report of that committee, which was most complete and covered many interesting points. Last year a minimum rate of \$4.50 a day for workmen's compensation cases was adopted by the association, and this has been found to work out satisfactorily, hospitals in general having experienced no difficulty in obtaining this amount from the insurance companies.

The outstanding feature of the afternoon session, and indeed of the entire meeting, was the round table conference conducted by Boris Fingerhood, superintendent, United Israel-Zion Hospital, Brooklyn.

### Safeguarding Operative Procedures

The first topic to be considered was the prevention of incompetent and unnecessary surgery, and in discussing this subject Dr. C. W. Munger emphasized the fact that it is the responsibility of the hospital to safeguard its patients from improper surgical practice, and stated that statistics should be kept regarding physicians using the hospital, which would give an index to the physicians' ability. Free and frequent consultation between the members of the staff is the best safeguard that can be thrown around operative procedures, he said.

Dr. S. W. Wynn, deputy commissioner, department of health, New York, gave a brief resumé of the history of contagious disease hospitals, as an introduction to his discussion of the relationship of a contagious department to a general hospital. He said that the public attitude toward contagious disease has changed markedly in recent years, and that every hospital can now safely have a contagious unit, provided satisfactory technique and proper sterilization are carried out. Cross infections are rare, he said.

The subject of laboratory charges was next covered,

Dr. S. N. Wachsman, superintendent, Sydenham Hospital, New York, opening the discussion. Dr. Wachsman believes that a laboratory should be self-supporting but should not make a profit. If, however, there are any surplus funds resulting from laboratory fees, he believes they should be used for the betterment of the laboratory.

"Who Owns the X-Ray Film?" Thomas F. Dawkins, superintendent, United Hospital, Portchester, asserted in reply to this question, that the x-ray film is definitely a part of the case record and is therefore owned by the hospital in the same way as the record is owned by the hospital. He suggested that an extra copy should be made of every exposure so that the doctor could borrow this, and, if he wished, pass it on to the patient.

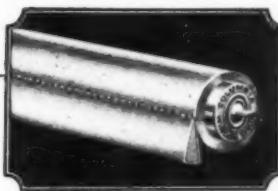
A practical contribution to the round table was Dr. John E. Daugherty's description of the method of handling patients' clothing at the Jewish Hospital, Brooklyn, of which he is the executive director. The system is extremely simple and consists merely in wrapping up the patient's clothing and turning it over to the patient's relative or friend who has accompanied him to the hospital, and who is detained in the office until the clothing is returned to him. This relieves the hospital of the custody of the clothing, and when the patient is ready to go home the relative or friend is notified by telephone and is asked to bring suitable clothing for the patient. This method has been found to work satisfactorily at the Jewish Hospital for eight years.

Grace E. Allison, R.N., answered in the affirmative the question, "Should the Superintendent Be a Member of the Training School Committee?" Miss Allison stated that it is at the meetings of this committee that general policies are formulated and that if the superintendent is present on these occasions the result will be greater cooperation, better understanding and greater efficiency for the school of nursing.

"Is Counting the Hospital Linen Worth While?" was the next question, and this also was answered in the affirmative by Dr. Marvin Z. Westervelt, superintendent, Staten Island Hospital, Staten Island, who said that to count the linen was one way to prevent its being stolen by employees, and added that even the psychological effect was beneficial, as if the employees knew the linen was to be counted they would not be so likely to steal it.

The lack of hospital accommodations for patients of moderate means was the problem ably discussed by Charles F. Neergaard, New York, who outlined the growth of the "white collar" class and pointed out that in the last five years there has been no increase in New York City in the number of semiprivate beds in hospitals to meet the growing need for these. He emphasized the need of flexibility in the planning of hospitals, so that wards might be converted into semiprivate rooms when necessary, and vice versa.

The last round table question, "Who Is Responsible for the Ethical Conduct of the Medical Staff of a Hospital?"



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## Among the Associations

was discussed by Rev. John M. Hilpert, Hospital of the Holy Family, Brooklyn, who stated that the ultimate authority in this matter is vested in the board of managers of the hospital, whose duty it is to expose, punish and expel those guilty of unethical conduct.

On Thursday evening the delegates were the guests of the Hospital Council of Brooklyn, at an informal dinner and reception held at St. Mary's Hospital, Brooklyn. An excellent dinner was served and exceptionally good orchestral music enlivened what proved to be a sociable and most enjoyable evening.

The morning session on Friday was devoted to the report of the nursing committee, presented under four divisions: report of publicity and education committee, New York League of Nursing Education, by Elsie M. Maurer, chairman; affiliations from the viewpoint of the school receiving students, by Elizabeth M. Greener, superintendent of nurses, Mount Sinai Hospital, New York; affiliations from the viewpoint of the affiliating school, by Emily J. Hicks, principal, school of nursing, Faxton Hospital, Utica; affiliations, by Harriet Bailey, secretary, board of nurses examiners.

Following these reports there was general discussion and the new president, Dr. John E. Daugherty, assumed office.

On Friday afternoon personally conducted trips were arranged for the delegates to the Columbia-Presbyterian Medical Center and to the Beth Israel Hospital.

### Creighton University Undertakes Training of Nurses

Another step in the standardization of nurse training has been taken by the Creighton Memorial, St. Joseph's Hospital, Omaha, Neb., in the affiliation of the school of nursing with the Creighton University. University requirements have been adopted in the matter of admission to the school, and credits obtained may be used toward a degree of bachelor of science in nursing.

A three-year and a five-year program are offered. On completion of the former, the student is qualified to receive a diploma as a graduate nurse; and the latter, which requires two years of study in a liberal arts course plus the regular course in nursing, qualifies the student for a diploma as graduate nurse and bachelor of arts in nursing.

The hospital, which has long been used as a teaching institution for the medical students in the university, has a staff composed of members of the medical faculty of the university.

Applications for admission are placed in the hands of the director of nurses, who, after approving them sends them to the registrar of the university, where the educational requirements are checked. The course given is so divided that it conforms with the regular university semesters. A fee of seventy-five dollars is charged upon entrance to the school, and this pays for the cost of matriculation, textbooks and uniforms for the first year. No monthly allowance is given.

The educational program of the school is in the hands of the administrative board, which has power in the mat-

ter of all the educational and all the academic activities.

The hospital, which is now under alterations, will have a capacity of 450 beds. The nurses' home has rooms for 150 nurses, classrooms and a gymnasium.

### Chicago-Cook County Association Meets

The Chicago-Cook County Hospital Association held its May meeting at the Wesley Memorial Hospital, Chicago, as guests of E. S. Gilmore, superintendent.

After an excellent dinner President J. Dewey Lutes called the meeting to order and appointed Mr. Gilmore as the chairman for the evening. The first discussion "Law, Legislation and Workmen's Compensation," was led by Dr. E. T. Olsen, superintendent, Englewood Hospital, Chicago. He gave an interesting resumé of the legal obligations of hospitals with regard to compensation and liability cases in Illinois. His paper was discussed by John A. McNamara, executive editor, THE MODERN HOSPITAL, Chicago.

Laura Logan, dean, Illinois Training School for Nurses, Chicago, gave an interesting talk on the work of the grading committee in relation to its study of the supply and demand of nurses. It was followed by a general discussion that was participated in by several of those present.

Dr. Ralph B. Seem, director, Albert Merritt Billings Hospital, Chicago, described briefly the new institution and its method of functioning.

President Lutes appointed two committees for the ensuing year. One was an executive committee and the other, a committee to make a study of group buying.

It was announced that the meetings of the association would be discontinued until September.

### Clinics Aid Cancer Campaign in Massachusetts

An intensive campaign of public instruction on the practical aspects of cancer has been started in Massachusetts by the American Society for the Control of Cancer, and is featured by the opening of thirteen cancer clinics in the larger cities of the state. The society is centering its attention on public instruction with the object of establishing a preventive attitude toward the disease. All the members of the medical profession in Massachusetts were notified of the campaign and invited to take an active part in it.

In connection with this campaign, the legislature has passed bills directing the departments of public health to continue the general study of the hospital situation, to organize and assist cancer clinics at strategic points and to establish a state cancer hospital. As a result of this, the department has helped to establish permanent clinics in connection with general hospitals where diagnoses are made and advice given. When necessary, the department of public health is prepared to give financial support to the clinics in need.

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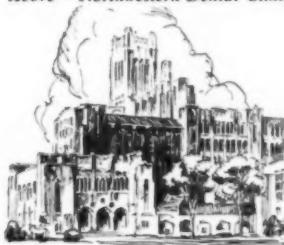
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## Among the Associations

# Varied Topics Hold Interest at New Jersey Meeting

THE New Jersey Hospital Association successfully carried through its fourth annual convention at Atlantic City, May 25 and 26, when more than two hundred delegates gathered to take part in the meetings and enjoy ocean breezes and a stroll on the board walk.

The association's business meeting was held Friday morning, and among other matters dealt with at that time was the insurance rate for workmen's compensation cases. A resolution was passed recommending a minimum rate of four dollars a day for such cases in the State of New Jersey.

At the opening of the afternoon session Ralph Hartcourt, representing Mayor Anthony M. Ruffu of Atlantic City, welcomed the delegates and response was made by Dr. Paul Keller, director, Newark Beth Israel, Newark, president of the association.

Janet M. Geister, R.N., director of headquarters, American Nurses Association, New York, gave the opening paper, on "Nursing Service for the Patient of Moderate Means." She contended that the cost of nursing can be reduced only by the elimination of waste and through effective and controlled distribution of nursing service. Some form of organized nursing under hospital auspices must make it possible for the patient to purchase nursing in terms of his need, she stated. Full time service of any one individual costs much money and patients must be educated that they do not always need special nurses. Group nursing, Miss Geister believes, is the best single experiment along organized lines, and it ensures the patient the care he needs at a price he can pay.

### International Congress to Be Held at Atlantic City

Dr. Bert W. Caldwell, executive secretary, American Hospital Association, Chicago, next addressed the meeting, speaking on "The Value of Organization to the Hospital World." He emphasized the vastness and importance of the hospital field, the immense amount of money involved, the great burden of patient care, the educational worth of the institutions, and showed the need for co-operation among large and small hospitals, and for uniformity of purpose to promote the common good. He urged that state associations link themselves with the national associations for the study of problems common to all, and issued a cordial invitation to all present to attend the coming A. H. A. convention in San Francisco. He also announced that an international hospital congress will be held in Atlantic City in June, 1929.

"The Relation of Social Service Work to Hospital Administration" was the next topic and was admirably covered by Edgar Charles Hayhow, department of management, New York University, New York. Mr. Hayhow stated that hospital productivity can best be measured by the type and completeness of the end results of the work done, and the effectiveness of the medical, educational and social health programs. Hospital service to be effective, must be socialized, and there must be a well thought out

program of community service, including the economic and social aspects of the family. Not only the ward patient but also the private patient often needs adjustment, Mr. Hayhow asserted, although by different means and through different channels.

In the absence of Dr. M. T. MacEachern, associate director, American College of Surgeons, Chicago, who was scheduled to discuss "Staff Organization," Dr. Allan Craig, New York, gave a brief talk on this subject, covering the following four major points: the need for effective staff organization; the need for staff rules and regulations; the desirability of periodical staff conferences; and the subjects to be considered at such conferences.

### Round Table Conference Evokes Interest

A round table conference, conducted by Rev. John G. Martin, superintendent, Hospital of St. Barnabas, Newark, concluded the afternoon meeting. Those taking part in this conference were: Eva Caddy, R.N., director of nurses, Hospital of St. Barnabas, Newark; Eleanor E. Hamilton, R.N., superintendent, Presbyterian Hospital, Newark; and Dr. George O'Hanlon, medical director, Jersey City Hospital, Jersey City, who discussed, respectively, "The Proper Preparation for a Nurse Supervisor;" "Would the Establishment of a State University Course in Nursing Aid the Hospitals?" and "Hospital Construction Principles Assuring a Low Cost of Maintenance."

A banquet was held on Friday evening in Haddon Hall, and was attended by the members and friends of the New Jersey Hospital Association and the New Jersey Occupational Therapy Association, which held its annual meeting in connection with the hospital convention. Dr. Paul Keller presided and the master of ceremonies was Edward J. Quinn, Bloomfield, who had arranged a program of music and entertainment. The speakers were Hon. David I. Kelly, secretary, Essex County Park Commission, Newark; Dr. Allan Craig, New York; Dr. B. S. Pollak, medical director, Hudson County Tuberculosis Hospital, Secaucus, and William J. Ellis, commissioner, State Department of Institutions and Agencies, Trenton.

At Saturday morning's session the first paper was given by William J. Ellis, on "Cooperation Between the State Department of Institutions and Agencies and the General Hospitals of the State." Mr. Ellis said that the hospitalization of the almshouses must be brought about so that the chronically sick may be cared for outside the hospitals. He also emphasized the need for psychiatric departments in general hospitals to care for persons with minor mental and nervous disorders.

Speaking on the subject of "Public Relations," Charles D. Folsom, New York, stated that the success of a hospital was to a great extent contingent upon the impression made on the public, and that this was reflected through the newspapers. Newspapers should be taken into the confidence of the hospital, he declared, and he believes



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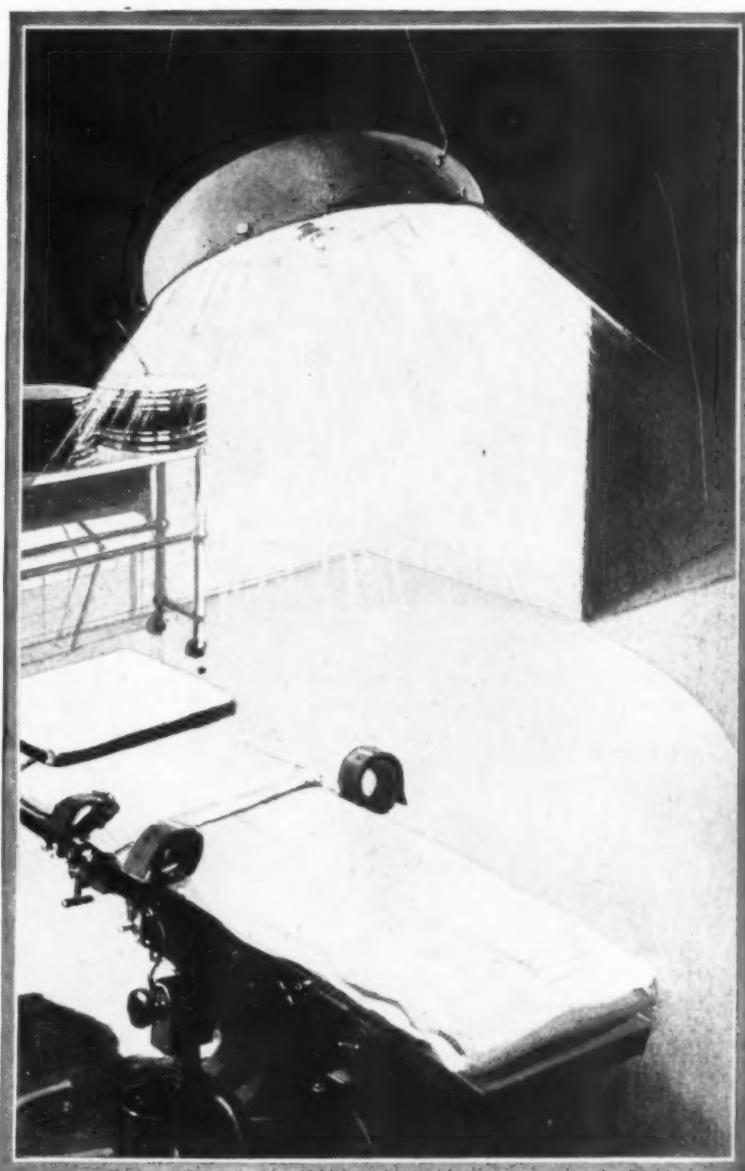
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## Among the Associations

that it is rarely that a newspaper reporter violates the confidence reposed in him by any institution. Mr. Folsom stated that every hospital should have a department devoted solely to its relations with the public, translating constantly to the public the service that it is giving.

A practical paper on "Fire Prevention and Detection in Hospitals" was presented by W. R. Hough, Baltimore, Md., and an abstract of this paper appears on page 160.

Dr. Joseph C. Doane, medical director, Philadelphia General Hospital, Philadelphia, was in attendance at the meeting and brought the greetings of the national body. He gave an interesting address, touching on such questions as the care of the middle class patient, the training of hospital superintendents and the relation that should exist between doctors and nurses.

The Saturday afternoon session was opened by a paper on "Public Health and Hospitals," by Dr. Louis I. Harris, commissioner of health, New York. Dr. Harris condemned the unethical practices that are carried on in certain hospitals and said that such institutions should be investigated. He also criticized the system which limits hospital practice to certain groups of physicians and permits only members of some "closed corporation" to do hospital work.

### Miss Graves Throws Light on Dietary Problems

A paper on "The Relation of the Dietary Department to the Administration" by Lulu Graves, consultant in diet therapy and dietary department planning, New York, was of unusual interest both to administrators and dietitians. Miss Graves said that only about half the hospitals of the country have a satisfactory food service, largely because of the lack of standards for the dietary department, yet 30 to 40 per cent of the hospital's budget is expended by that department. She pleaded for more standardized training for the dietitian and urged that the dietitian be given authority commensurate with her position. She emphasized that when a hospital is being built the plans, in so far as they relate to the dietary department, should be passed upon by someone familiar with the workings of the department.

The afternoon session was concluded with a paper on "The Relation of the Superintendent to the Board of Trustees," by Charles S. Pitcher, superintendent, Presbyterian Hospital, Philadelphia, who pointed out that trustees should interest themselves in broad progressive plans for the hospital, and should formulate ideas and policies, but should delegate the carrying out of these plans to the chairmen of the different committees and to the superintendent. The superintendent should always remember that he is the representative of the board of trustees, and should keep the board informed of the doings of the hospital.

Interesting discussions followed the presentation of all the papers and gave evidence of keen interest in the subjects that had been chosen for consideration.

The election of officers resulted as follows: Rev. John G. Martin, superintendent, Hospital of St. Barnabas, Newark, president-elect; Daisy Kingston, superintendent, Somerset Hospital, Somerville, vice-president; Dr. George O'Hanlon, superintendent, Jersey City Hospital, Jersey City, treasurer; Thomas J. Golden, Jersey City Hospital, Jersey City, secretary.

## New York Dietitians Discuss Labor Turnover

The last meeting of the New York Association of Dietitians for the year 1927-1928 was held on May 14. The subject of the meeting was personnel management. A report was given of the study of "Labor Costs, Labor Organization and Labor Turnover in the Food Service Departments of Hospitals in New York City," which has been carried on this year by a committee on administration of the association, in cooperation with the section on administration of the American Dietetic Association.

W. Crane Lyons, Hospital Personnel Bureau, New York, then spoke briefly on the subject of turnover. Mr. Lyons said that while in his present work he is dealing only with the higher grades of hospital employees, his years of experience in hospital administration and personnel study have led him to the conclusion that the following are among the more important causes of high labor turnover in hospitals: (1) lack of opportunity for promotion; (2) interference of the central administrative office in employment of personnel, rather than leaving the matter to the heads of departments; (3) lack of ambition of the individual employed; (4) personality of the head of the department, and lack of interest on his or her part in the individual employee.

Nellie Reeder followed with a brief summary of the responsibility of the executive in personnel management. She emphasized the necessity for exact knowledge, on the part of the executive, of the work to be done, and for precision in the giving of instructions. She also emphasized the change in point of view that has come about in the last few years, which is shown by the present use of the word "instructions" in place of "orders," and "responsibility" in place of "authority."

A business meeting concluded the meeting, at which the officers of the association for the coming year were elected. Mary W. Northrop, Montefiore Hospital, New York, was elected president and Henrietta Poole, secretary.

## Boston Children's Hospital Appeals for Building Fund

An appeal to the public for \$1,250,000 has been made by the managers of the Children's Hospital, Boston, Mass., the money to be used in the construction of a new hospital building, an out-patient department, a new nurses' home and better quarters for house officers.

A report of the board of trustees shows that at the present time the hospital is in need of a new building for the department of physiotherapy, additional space for the out-patient department, a new and modern emergency ward, additional laboratory space, better accommodations for the nurses, more wards, new quarters for the superintendent and the resident staff, a larger dining room and enough space for the entire reorganization of the various departments according to their needs.

The original building, which was opened in 1914, has been found to be entirely inadequate for the ever increasing number of patients who come for treatment.

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BATTLE CREEK SANITARIUM, HOSPITAL DEPT., Battle Creek  
LAKESIDE HOSPITAL, Kendallville, Indiana  
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PASSAVANT HOSPITAL, Pittsburgh  
ST. MARGARET'S HOSPITAL, Pittsburgh  
ALLEGHENY GENERAL HOSPITAL, Pittsburgh  
HACKLEY HOSPITAL, Muskegon, Mich.  
WEST SUBURBAN HOSPITAL, Oak Park, Illinois  
EDWARD W. SPARROW HOSPITAL, Lansing, Mich.  
ROBERT PACKER HOSPITAL, Sayre, Penna.  
HARPER HOSPITAL, Detroit, Mich.  
HURLEY MEMORIAL HOSPITAL, Flint, Mich.  
DETROIT TUBERCULOSIS SANATORIUM, Detroit, Mich.  
PROVIDENCE HOSPITAL, Detroit, Mich.  
WEST SIDE HOSPITAL, Chicago  
EVANSTON HOSPITAL, Evanston, Ill.  
NEW BORGESS HOSPITAL, Kalamazoo, Mich.  
THE METHODIST HOSPITAL, Fort Wayne, Ind.

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## Among the Associations

# Three National Nursing Bodies Hold Biennial Convention

OVER five thousand nurses and others interested in nursing arrived at Louisville, Ky., in special trains, busses and cars from all over the country, Canada, Hawaii and Porto Rico to attend the biennial convention of the American Nurses Association, the National League of Nursing Education and the National Organization of Public Health Nursing, which jointly convened from June 6 to 9.

Combined meetings of the three groups were held at the Jefferson Armory, while hotels, clubs and hospitals were called into use for conferences of smaller groups, for luncheons, dinners and receptions.

All Louisville seemed anxious to entertain the guests. The cathedral opened its doors and celebrated High Mass for members of the International Guild of Catholic Nurses and their friends; the Jefferson Medical Society gave a reception and dance; automobile rides through parks and other places of interest were arranged. A twilight concert, where over three hundred student nurses sang, and a trip on the Ohio River were both much enjoyed.

Every known nursing problem was presented and discussed at conferences in one or other of the organizations, and while no problem may have been definitely solved, the earnest interest given to the consideration of these problems by the representatives of over seventy thousand American nurses must have had an effect on those present and on the many waiting at home for reports from their delegates.

It has been said that at this convention more than ever before, the patient was given a larger place on the program than the nurse herself, and that, in addition, the "un-nursed" was brought to the fore and an effort made to eliminate such a group.

### Distribution of Nursing Service Discussed

Much study was evident in the presentation of such subjects as redistribution of nursing service to result in lowered cost to patient and a satisfactory income for the individual nurse; how best to reach the moderate salaried groups of the community, which cannot pay the graduate nurse fee; hourly, group and rural nursing; hospital floor duty for the graduate nurse; the nursing care of the mentally ill and of the tuberculous patient.

The menace of the selfish practices of commercial registries and the lack of supervision of a group of irresponsible nurses were brought out in the private duty section.

Discussion as to how best to develop such graduate groups as members of state boards of nurse examiners, staffs of nursing schools and public health organizations took turn with suggestions of mental tests, of individualized teaching of student nurses, of curricula in these schools and of improved health for students.

Lay members of the public health nursing organization held conferences together. Clara D. Noyes presented the work and needs of the American Red Cross Nursing

Service, stating that 47,000 graduate nurses were enrolled, and Eleanor Gregg, supervisor of nurses for the U. S. Department of the Interior, told of the opportunities of work for the graduate nurse among the Indians.

Dr. Charles Hubbard Judd, University of Chicago, in his address on "Adult Education," pointed out the similarity of problems found in the teaching and the nursing professions. Each had a double duty—to deal with the child and his parents, with the patient and his friends. In each case the group was made up largely of women and the same difficulty was met in preventing the members from being carried away by marriage and other family obligations.

### Findings of Grading Committee Presented

The charts and address by Dr. May Ayres Burgess, director, Committee for the Grading of Nursing Schools, New York, held the interest of all present. The findings of the grading committee seem to lead to four suggestions, Dr. Burgess said:

First: Reduce and improve the supply. Make a decisive and immediate reduction in the numbers of nursing students in the United States; and raise entrance requirements high enough so that only properly qualified women will be admitted to the profession.

Second: Replace students with graduates. Put the major part of hospital bedside nursing in the hands of graduate nurses and take it out of the hands of student nurses.

Third: Help hospitals to meet cost of graduate service. Assist hospitals in securing funds for the employment of graduate nurses.

Fourth: Get public support for nursing education. Place schools of nursing under the direction of nurse educators instead of hospital administrators; and awaken the public to the fact that if society wants good nursing it must pay the cost of educating nurses. Nursing education is a public and not a private responsibility.

Dr. Burgess announced that the report of an eighteen-months' nationwide survey of economic conditions in nursing has been published at a cost of \$35,000 in a 600-page volume, called "Nurses, Patients and Pocket Books," and is now on sale for \$2 a copy.

### Dr. Winslow Speaks on Community Nursing

Dr. C.-E. A. Winslow, professor of public health, Yale University, New Haven, Conn., discussed nursing from a broad point of view in his address on "Community Nursing Needs," and the "Rôle of the University in the Education of the Nurse," was presented by Dr. Hugh Cabot, dean of the medical school, University of Michigan, Ann Arbor, Mich.

The problems pertaining to schools of nursing; interstate reciprocity in the recognition of graduate nurses; the care of college and university students, and the relation of nursing to educational institutions, were not one



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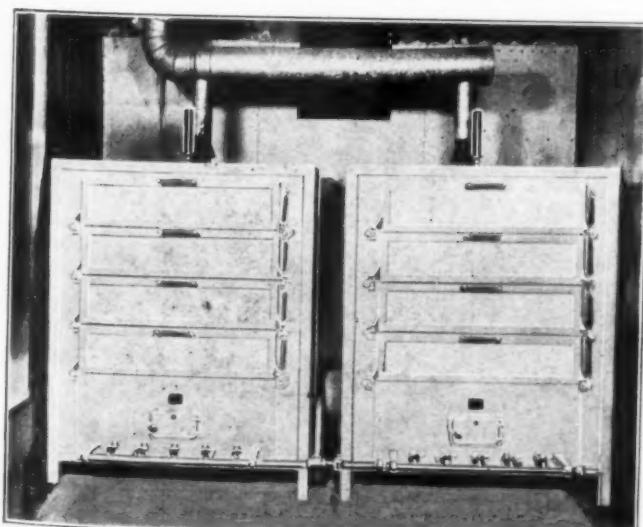
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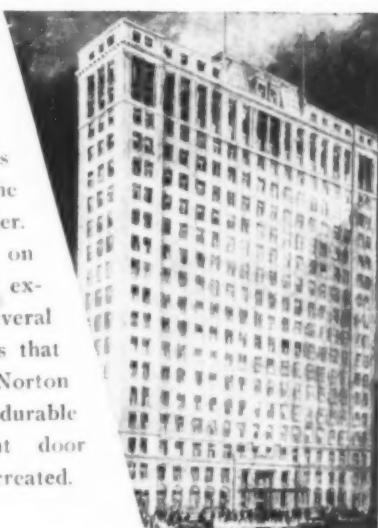


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## Among the Associations

of them forgotten and each had its proper place on the program.

It was voted to give an additional \$25,000 to complete the Florence Nightingale School of Nursing at Bordeaux, France, the memorial by American nurses to those of their profession who lost their lives during the World War.

Milwaukee won the closely contested effort to secure the 1930 convention, and the members separated, expressing themselves well satisfied with the week of intensified conferences, many promising themselves to be in Milwaukee for the next biennial.

Officers elected for the three organizations are:

The American Nurses Association: president, S. Lillian Clayton, Philadelphia; first vice-president, Elnora Thomson, Portland, Ore.; second vice-president, Jane Van De Viede, Atlanta, Ga.; secretary, Susan B. Francis, Philadelphia; treasurer, Jessie E. Cotton, Boston.

The National League of Nursing Education: president, Elizabeth C. Burgess, Teachers College, Columbia University, New York; first vice-president, Shirley C. Titus, University Hospital, Ann Arbor, Mich.; second vice-president, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.; secretary, Stella Goostray, Children's Hospital, Boston; treasurer, Marian Rothman, Bellevue Hospital, New York.

The National Organization of Public Health Nursing: president, Mrs. Anne L. Hansen, director, Visiting Nurse Association, Buffalo, N. Y.; first vice-president, Winifred Rand, Merrill-Palmer School, Detroit, Mich.; second vice-president, Sophie C. Nelson, Visiting Nurse Service, Hancock Mutual Life Insurance Company, Boston.

### New York Hospital Awards Scholarship to Intern

The second annual award of the orthopedic scholarship of \$2,400 yearly, of the Hospital for Joint Diseases, New York, left by the late Dr. Henry W. Frauenthal, founder of the hospital, was given to a member of the intern graduating staff, Dr. David Sashin, because during his service he showed aptitude for advanced orthopedic work.

The scholarship affords six months' study in the large orthopedic clinics in the United States and six months in the different orthopedic clinics in Europe, such as Liverpool, Munich, Vienna, Bologna. After finishing his studies the recipient of the award will send to the Hospital for Joint Diseases a detailed report of his observations and work.

The first award was made to Dr. Joseph G. Wishner, who is at the present time at Dr. Putti's Clinic in Bologna.

### Chicago Nurse Honored by Smith College

At the annual commencement exercises of Smith College, Northampton, Mass., on June 18, Edna L. Foley, class of 1901, who is now superintendent of the Visiting Nurse Association of Chicago, Chicago, received the degree of doctor of science in recognition of her outstanding

work in the field of public nursing. Only Mme. Curie, France, Dr. Robert Jones, Liverpool, England, Dr. Alice Hamilton, Chicago, and one or two others have been so honored by Smith College.

In 1907 Miss Foley was made municipal tuberculosis nurse in Boston, being one of the first women in the country to be identified with municipal nursing. Coming to Chicago in 1909, she was placed in charge of tuberculosis nurses, and in 1912 was made superintendent of the Visiting Nurse Association.

### Connecticut Hospital Historians Organize

On May 26, 1928, hospital historians of Connecticut met at Pond Point, Milford, and organized a state association. Historians of every hospital in Connecticut are asked to become affiliated with the association, the object of which is better cooperation in record room work.

Thirteen members were present. Mrs. Clara A. Doolittle, historian, Griffin Hospital, Derby, who sponsored the movement is president; Mrs. Enna C. Black, historian, Grace Hospital, New Haven, is vice-president; and Elisabeth Steele, historian, Hartford Hospital, is secretary and treasurer. Committees from hospitals in various parts of the state were appointed, on by-laws, membership and registry, emblem pin and publicity.

Dr. M. T. MacEachern, director of hospital activities, American College of Surgeons, Chicago, was made an honorary member of the association. He thanked the Connecticut group for the honor, congratulating them on being the first group of any size to organize and the second in the country. He also extended a cordial invitation to all historians to attend the annual session of the American College of Surgeons to be held in Boston, October 8 to 12. It is quite probable that a national association of hospital historians will be formed at that time.

The next meeting will probably be held in Norwalk in September. In the meantime the president has arranged for community group meetings to be held once a month in the various parts of the state, at which topics of interest will be discussed by the several groups. Reports of these discussions will be presented at the semi-annual meetings.

### Value of Liver Extract Told to Chicago Dietitians

Members of the Chicago Dietetic Association who attended the June meeting were benefited by two addresses, one given by Dr. B. G. Glassberg, a member of the staff of Michael Reese Hospital, Chicago, on "The Recent Research on Low Protein and Salt Free Diets," and the other by a chemist of the department of chemical research of Armour and Company, Chicago, on "The Preparation and Value of Liver Extract."

Both of the talks were interesting and fruitful. The one on the value of liver extract proved particularly interesting because of the extensive experiments which are being made along this line.



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## NURSING AND THE HOSPITAL

*Conducted by M. HELENA MC MILLAN, R. N.,  
Director, School of Nursing, Presbyterian Hospital, Chicago*

# How Nurses at St. Mary's Hospital Brighten Off Duty Hours

BY SISTER PAULINE

St. Mary's Hospital, Rochester, N. Y.

THREE girls who were training to be nurses were walking down one of the principal streets of Rochester, N. Y. Unexpectedly they met a young lady who was a friend of one of the nurses. "Why, Alice, you in Rochester? I had completely lost track of you. What are you doing?" Alice's answer that she was nursing was met with a surprised expression, and a shrill exclamation: "Nursing! Why Alice! You, a nurse? I never thought that you would be in any school where there wasn't life and fun. What a drab existence it must be, with no social activities."

This is only a sample of the mistaken opinion of many who have no friends in nursing and who know nothing of the work. They look upon a nurses' home as a prison, from behind whose bars the inmates venture only to care for the sick, and in which the daily routine consists of eating, sleeping, studying, attending medical classes and nursing. This is in all probability due to the stories of old-time hospitals, in which the nurses slaved continually, not only nursing but also scrubbing floors, washing windows, sewing, cooking, dusting—from morning until night—then at the end of the day, they dropped into bed, too exhausted to do more than dream of the pleasures of the outside world.

Far different is the modern hospital. Having no statistics, I dare not speak of training schools too generally. So we shall think of one as an example, knowing that the general atmosphere is similar in a large majority, if not all, of the American training schools of today.

It might be said that St. Mary's Hospital, Rochester, N. Y., provides entertainment in full measure for its nurses. But this statement would be slightly misleading, for the entertainment is provided by the nurses themselves, with the encouragement, assistance and cooperation of the hospital. Plays, vaudevilles, musicales, parties and dances are arranged. The nurses, in turn, entertain and are entertained by these forms of diversion. Staging now a comedy, then a class party, another time a minstrel show, the student group, usually divided according to classes, averages an entertainment or party at least once a month. What is more, they all enjoy taking part in these entertainments, by making scenery, putting it up, changing it, sewing on costumes, decorating the audi-

torium, rehearsing, performing or sitting among the spectators. Everyone enters into her part with zest and eagerness.

The school orchestra is one of the principal centers of activity, as it helps with nearly every evening of recreation. If a play is being given, numbers are presented by the orchestra between the acts and at the beginning and the end; if a minstrel show or vaudeville entertainment is on the program, the singers and dancers are accompanied by orchestral dance music; when a class party is taking place members of the orchestra play dance music for the girls; or they play during games and other fun to add a cheerful atmosphere; if a religious evening is held classical and religious music is played. While a school orchestra may seem an unnecessary waste of time and energy to training schools that have none, to those whose orchestra exists and cooperates in all activities, it is indispensable.

### A Fall Program

For an example of lively and happy work on rehearsals let us consider the program carried out last Fall,

Shortly after the arrival of the new class, the intermediates, who had entered the previous September, gave the probationers a royal welcome, followed by initiation. The welcome consisted of a welcome song and a play, entitled "The Husband-Hunters." The probationers, stiff with fear of the coming initiation, timid, knowing themselves to be "green" in the eyes of the cap nurses, relaxed and laughed heartily. Later, they were led out on the stage, a few at a time and given individual examinations on everything, from the composition of a brass collar button to the date of Julius Caesar's death. The remaining part of the evening was spent in singing, dancing, talking and getting acquainted, and everyone surely did get acquainted. From then on the "probes" felt more free, less frightened of their work with the older girls and more sociable toward members of their own class.

By the middle of October, they had overcome their stage fright and gave a Bunco party, with refreshments and entertainment. And at the end of the month, the juniors gave a Hallowe'en masked dance for the whole school. It was a big thing to put on, and a wonderful

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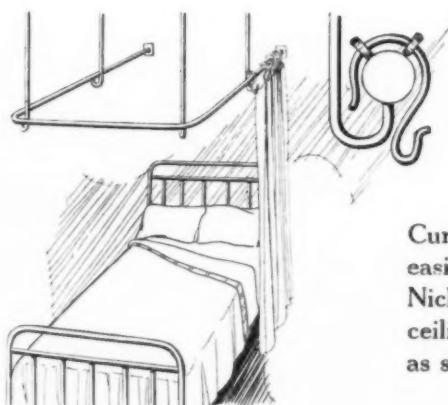
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success. All enjoyed themselves to the utmost, even to the "Human Camel," the living skeleton, and the fat lady, sweltering within pillows and petticoats.

The most important entertainment this Fall took place on the Sister Superintendent's Feast Day. Each class had some part in it, as well as the orchestra, and there was a greeting song by the entire training school. Among other things on the program, were two or three numbers by the orchestra; a vocal solo with piano accompaniment; a violin solo; a "Living Magazine," in which various girls enacted the advertisements, fashions, pictures, children's pages, and a short story from a modern magazine; and a minstrel show, including dances, jokes, songs, and "stump speeches." The previous week was filled with interesting rehearsals, and the evening was a success, a worthy tribute to the goodness of the Sister Superior, and full of joy and fun for the nurses taking part.

#### How Entertainments Are Financed

It is interesting to note that the financial end of these entertainments comes from the nurses' own fund. This year a sum of \$161.50 was raised by the sale of tickets for a play which St. Michael's Dramatic Club kindly gave for us. It was a comedy called "A Pair of Sixes," in three acts. Between the acts music was given by the orchestra and by soloists. The characters were well chosen and their parts were perfectly played. The jokes were humorous and wholesome. The student nurses as usual pulled together and worked hard on the ticket selling and the auditorium was completely filled.

The evening of November 27 was a delightful one—a pleasure and a benefit to all. The senior group presented tableaux of the apparitions of the Blessed Virgin Mary to Sister Catherine, in the Motherhouse Chapel of the Sisters of Charity at Rue de Bac, Paris, while the student body sang suitable religious songs and hymns during the three apparitions, and the history of the Miraculous Medal was read. In the tableaux, two nurses represented, respectively, the Blessed Virgin and the Sister—and a little girl beloved by the training school as a whole, took the part of the Angel. The settings and costumes were lovely. The effect was inspirational for nurses, supervisors, the patients who were able to attend and the many friends and relations of the nurses who were present. One could not but share the atmosphere of reverence that pervaded the nurses' home auditorium during these beautiful scenes.

During the holidays a Christmas party was given for the school group. It was looked forward to with joy, for a Christmas Party at St. Mary's is—well, a Christmas Party at St. Mary's. To the nurses, it speaks for itself.

Much charitable work is done by the student body. Every night for the greater part of December, sewing was done for the children of St. Vincent's Asylum, Baltimore, Md. Each class had its particular garment to make, and a large bundle was sent to the little kiddies.

At the same time, the school remembers a former nurse who is now in a sanatorium. Every member of the school sends her a greeting each Christmas time, as well as a basket from the entire student body.

Let us revert to the school orchestra, for it has really done much toward improving the general morale of the student nurses. How? In the first place, does not music in itself usually raise morale and improve character? And doesn't a gathering of friends, singing together, laughing together, enjoying each other's company inspire confidence and good-fellowship? The student body here might be called a choral group. No one shirks. If there is singing to be done, everyone sings. With no false

modesty, no stage fright, and yet without boldness, each one does her best, comes to rehearsals, and feels the better for it. The result helps to develop an idealistic school spirit. All "pull together." If a soloist is needed for some particular evening, the willingness of those who are able to help is astonishing. Each nurse is eager to "do her bit," attends orchestral rehearsals regularly and makes a supreme effort on the "big night." She is a success, the orchestra is a success, and everybody spends a happy evening.

Besides, with the orchestra back of them, a group preparing an evening of recreation is given confidence. The old worries are not brought up—"What shall we do for music?" "We can't carry the tune alone." "Wish we had an orchestra." This is all answered by the orchestra, composed of members of all classes, willing to help when they are needed. And what fun it is! At rehearsals, when the work on hand is finished, some new piece is tried, run through, liked, played some more. Then it is decided to try something else, to sing together. More nurses come in and join in the singing. Someone suggests dancing. And the number on the floor increases as other girls come off duty and relax, after hours of quiet reserve. They dance and play, assisted by the members of the orchestra. This is impromptu. This is involuntary and constitutes one more evening of fun and close companionship within the school.

And yet, an outsider can say, "What a drab existence!" Is it possible? The nursing itself makes an interesting life and added to it are the pleasures of time off duty. I defy anyone to show me a happier group or one allowed more pleasures of their own making.

So next time you meet a friend who tells you of a mutual acquaintance who is in a nurses' training school, don't answer "Dear me! Poor girl! What a drab existence she must lead!" Rather smile brightly and exclaim, "Lucky girl! I bet she's having the time of her life! A training school is just the place for a girl who loves cooperation, a sincere school spirit, and wholesome good times!"

#### Increase in State Institution Population Shown

Statistics taken by the Federal Census Bureau and presented by Dr. Horatio M. Pollock, director, Statistical Bureau, New York State Department of Mental Hygiene, Albany, N. Y., in a recent issue of *Mental Hygiene*, show that the population of state institutions has increased materially in the last four years. The institutions considered include state hospitals for mental disease in thirty states; institutions for feeble-minded in thirty-six states; and penitentiaries and reform schools in thirty-one states.

A remarkable feature of these statistics is that they show a greater rate of increase in the population of these institutions than has taken place in the general population of the communities in which the institutions are located. This, according to Dr. Pollock, is indicative of one of two things. Either the number of socially unfit is increasing, or the people are resorting to a greater extent to state institutions for relief, the latter explanation being the more probable. In any event, the burden of these institutions is becoming heavier.

This is the first annual census of this nature, and the Federal Census Bureau, by collecting and presenting these annual statistics of institution population, is rendering valuable service to state administrators and to all engaged in this type of work.

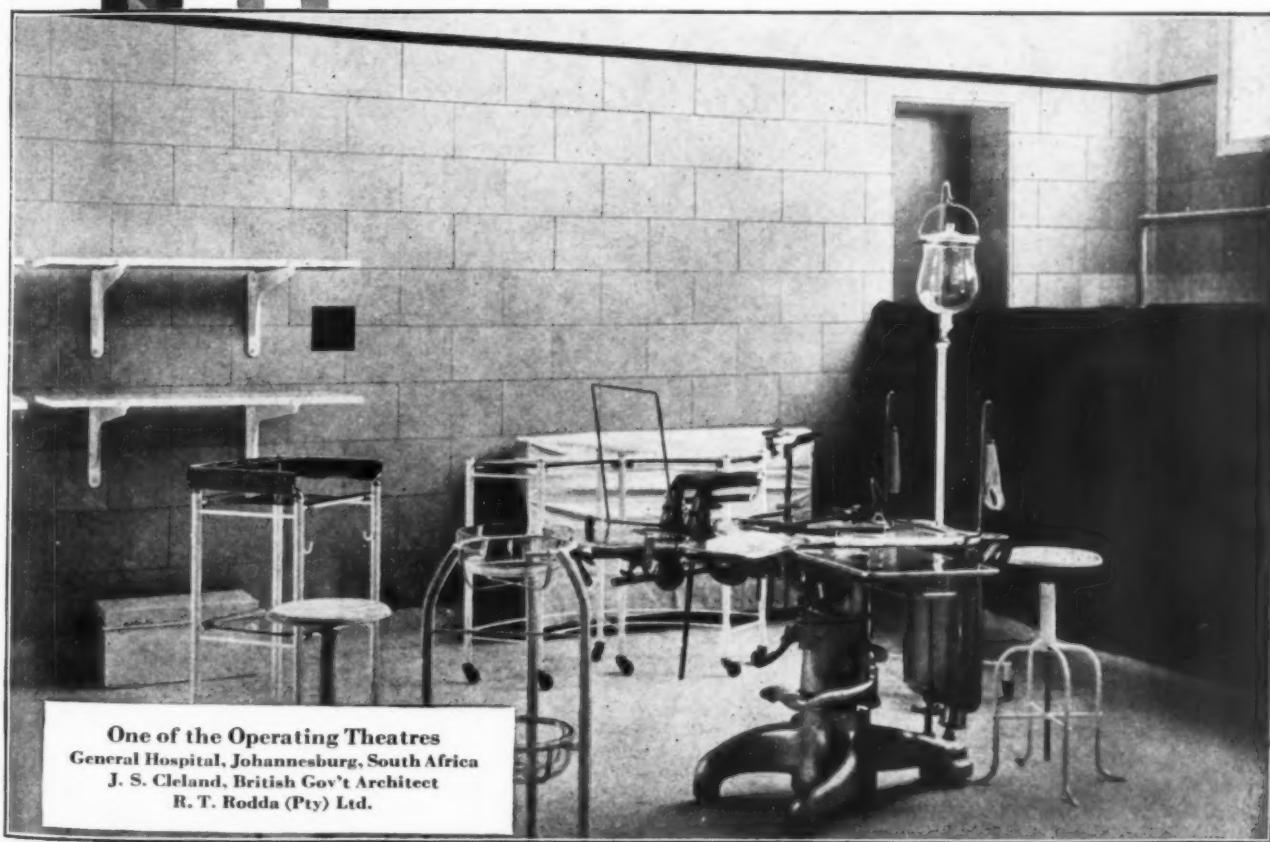
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## DIETETICS AND INSTITUTIONAL FOOD SERVICE

*Conducted by LULU G. GRAVES, 7 East 54th Street, New York, MARY A. FOLEY, Director of Dietetics, Kahler Hospital, Rochester Minn. and S. MARGARET GILLAM, University Hospital, Ann Arbor, Mich.*

# A Study of Food Temperatures\*

**T**HE object of this study was to determine whether food could be kept hot while it was being served from insulated food carts to the patients, without the use of a steam table.

The food is cooked in double jacketed aluminum steam kettles. It is conveyed to the ward in insulated food carts or, in some instances, in flat trucks. In the ward pantries in some cases there are steam tables; in other cases the food cart is pushed through the ward and the patients are served directly from the truck. In all of the wards the ambulatory patients are allowed to go to the ward dining room.

The foods tested were cereals and soups. A few temperatures were taken of mashed potatoes, vegetables and meats. The temperature of the food was taken first in the steam kettle; then in the container in the insulated carts; then on arrival in the ward and again after serving.

It often happens that when one result is sought, many other interesting facts are revealed. In these tests many variations were noted in the temperature of the food. Variations of temperature were noted also in the steam kettles, depending upon the amount of steam turned on the kettle. If steam was turned on so that the soup bubbled over the entire surface of the kettle the thermometer reached 212° F., yet dietitians and food experts advocate cooking albumen at a temperature below boiling point. If the soup was simmering, the soup bubbled at the side and the temperature was about 200° F., but in the center of the kettle it was 190° F., or less. If creamed dishes were prepared at too high a temperature the milk in the kettle burned, and the cook's helper had difficulty in cleaning the kettle.

The canned vegetables were heated in the containers in the live steam steamers. The vegetables came out apparently steaming hot, yet when the thermometer was placed in the center of the kettle it registered only 196° F. This time they were sent directly to the ward pantry, and in less than four minutes the temperature had dropped to 170° F., which suggested that they had been taken out too soon, before the heat had penetrated to the center of the vegetable. It was discovered that there was a variation of 20° F., or more, during the time that food was being dispensed to the containers, dependent upon the routine. It was the custom to reduce the steam to

a minimum while the containers were filled, as too much steam rising in the face of the worker is uncomfortable.

As a remedy for some of the variations, it seemed reasonable to cook soup at a temperature below 200° F., and raise it quickly to boiling point just before sending it to the wards and to keep up a certain amount of steam pressure during the dispensing, to insure a more even temperature of the food. It was found difficult to keep sliced meats at the standard temperature without overcooking.

A comparison of the variation of temperature during transit did not reveal a great difference when the food was delivered on a flat truck or in the insulated cart. The insulation probably absorbed some heat.

Of course it was necessary to keep the food uncovered longer than the usual time, in order to take the temperature and some heat was lost, also the thermometer was difficult to read in the steam. It was also discovered near the close of the experiment, that the thermometer that tested correctly at first showed a variation of four degrees.

After making the tests, the question arose as to what was the correct temperature for serving food. Queries and investigations revealed the fact that there seemed to be no standard temperature for serving food. People seemed to serve it "hot," but what "hot" meant in thermometry no one seemed to know. There was evidently no other way but to set our own standard. The director of the hospital, the directress of nurses, and the chef, with the dietitian, tasted hot food and measured its heat with a Fahrenheit thermometer.

The soup kettle was standing in the bain-marie. The temperature of the kettle varied from 188° to 192° F. The food was served in a soup bowl, which was taken from the dish heater and was warm to the touch, while the test was being made the temperature of the soup decreased to 175° or 170° F.

The soup when tasted with a cold spoon was not too hot to drink. Potatoes and vegetables were tested and the following conclusion was arrived at: To be palatable the temperature of food should be about 160° F., and since it cools so very rapidly, food served to the patients should be at least 160° F., and preferably 170° or 200° F.

The only check that could be found was a letter from May Van Arsdale, foods and cookery department, Teachers College, Columbia University. Some years ago she had made several experiments, the results of which were not published. She wrote: "Our experiments showed that the same temperatures for both liquid and solid foods seemed

\*This study was made as a term requirement in a course in institution management at Teachers College, Columbia University, New York, by Rhoda A. Tyler, B.S., dietitian, Grasslands Hospital, Valhalla, N. Y. Miss Tyler was assisted in making the tests by the following student dietitians: Elizabeth Bayliss, Northwestern Hospital, Mount Kisco, N. Y., and Ethel Beameant, demonstrator, Ottawa, Ont.

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agreeably hot for the majority. The temperatures varied from 150° to 160° F., 150° being hot enough for most people, but a few seemed to be able to stand the 160° temperature."

The tests made were too few and were made under too variable conditions for the study to be regarded as a scientific experiment, yet the following facts may be of some interest to dietitians and superintendents of hospitals:

1. No standard of temperatures for serving food to patients was discovered.
2. To insure hot food to the patients, soup should be cooked at a temperature below 200° F., then raised to boiling point before being served.
3. A reasonable amount of steam should be left on the steam kettle during the dispensing of the food.
4. When canned vegetables are heated with live steam, they should be left in long enough to have the heat penetrate to the center of the vegetable.
5. Foods that are apparently boiling near the edge of the steam kettle may be from 10° to 20° F. lower in the center of the kettle.

6. Sliced meats cannot be kept as hot as other foods.
7. Insulation of the carts absorbs a certain amount of heat.

8. Food loses from 5° to 20° in transit, depending upon the heat of the container and the distance that it travels.

9. The temperature of the bain-marie (hot water bath), was also tested when the steam was bubbling through it, the water registered 198° F. and the food in the containers showed a varying temperature around 180° F., depending upon the depth of the thermometer in the food.

The conclusions resulting from this study were: (1) For a small ward of from thirty to forty patients, the insulated cart is satisfactory, providing careful attention is given to the temperature of the food before distribution, but for a ward of fifty or more patients, a steam table should be provided. (2) Food served to patients should be at a temperature of at least 160° F. and preferably at 170° F. When leaving the kitchen it should not be less than 200° F.

Appreciation is expressed to the professional and the kitchen staff of Grasslands Hospital for their assistance in making this study possible.

#### SUMMARY OF TEMPERATURES OF FOOD SERVED IN INSULATED TRUCKS During October, November and December, 1927

##### Series I.

###### WARD A—Distance from the kitchen, about 520 feet.

###### Cereal—Quantity, 8 quarts—

11 tests—loss in transit..... 7.4° in 4.2" equals loss of 1.75° per minute

###### Soup—

11 tests—loss in transit..... 3.5° in 4.1" equals loss of .8° per minute

Sent in a 12-quart can.

Mashed potato—loss in transit..... .3° in 3.6" equals loss of .08° per minute  
(container on small stove)

During serving food is in the steam table. Fifty patients served.

###### WARD B—Distance from the kitchen, about 100 feet.

###### Cereal—

6 tests—loss in transit..... 11.6° in 9.6" equals loss of 1.3° per minute

###### Soup—

6 tests—loss in transit..... 16.3° in 5.91" equals loss of 1.8° per minute

###### Cereal—

6 tests—loss during serving..... 42.75° in 16.25" equals loss of 2.6° per minute

###### Soup—

6 tests—loss during serving..... 52.55° in 16.25" equals loss of 3.2° per minute

###### WARD C—Distance from the kitchen, 75 feet.

Food sent on a flat truck. Fifty patients served.

###### Cereal—

6 tests—loss in transit..... 3.5° in 2.6" equals loss of 1.3° per minute

###### Soup—

6 tests—loss in transit..... 3.2° in 2.1" equals loss of 1.5° per minute

###### Cereal—

6 tests—loss during serving..... 21.3° in 19" equals loss of 1.1° per minute

###### Soup—

6 tests—loss during serving..... 24.1° in 15" equals loss of 1.5° per minute

###### WARD D—Distance from the kitchen, about 246 feet.

###### Cereal—

5 tests—loss in transit..... 4.6° in 4" equals loss of 1° per minute

###### Soup—

5 tests—loss in transit..... 6.0° in 4" equals loss of 1.5° per minute

Truck passes through the ward. Thirty-three patients served.

###### Cereal—

5 tests—loss during serving..... 36° in 8.3" equals loss of 4.3° per minute

###### Soup—

5 tests—loss during serving..... 27° in 3.6" equals loss of 2.8° per minute

###### LOSS OF TEMPERATURE PER MINUTE

During transportation to Ward (Ward A). Distance from kitchen, 530 feet.

Cereal ..... a loss of 3.8° in 3 minutes or 1.26° per minute

Soup ..... a loss of 3.° in 4.2 minutes or .714° per minute

Mashed Potatoes ..... a loss of 9.° in 3.8 minutes or 2.36° per minute

During serving in Ward (Ward A). Food in steam table.

Cereal ..... a loss of 40.8° in 7.6 minutes or 5.36° per minute

Mashed Potatoes ..... a loss of 9.8° in 13.3 minutes or .736° per minute

There was never any soup left from which to make this test.

During transportation to Ward (Ward B).

Cereal ..... a loss of 6.54° in 18 minutes or .36° per minute

Soup ..... a loss of 4.7° in 4 minutes or 1.175° per minute

Mashed Potatoes ..... a loss of 3.° in 2.5 minutes or 1.2° per minute

During serving in Ward (Ward B). Truck passes through ward.

Soup ..... a loss of 36.43° in 12.85 minutes or 2.83° per minute

Mashed Potatoes ..... a loss of 17.5° in 11 minutes or 1.59° per minute

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# Milk on the Hospital Shelf

By HELEN RICH BALDWIN  
New York

**A**SURVEY of the milk supply in twelve states, made by the American Child Health Association, revealed the startling fact that 77 per cent of 4,928 samples taken from 3,945 supplies in 179 towns were dirty, while 58 per cent showed a bacterial count over one hundred thousand per cubic centimeter, and 43 per cent were positive for the colon bacillus."

Probably no one foodstuff in the dietary of the sick and convalescent is more used than milk. Liquid, semi-solid and convalescent diets are all built around this health food. A clean milk supply is absolutely necessary. It is therefore fitting that the dietitian should investigate the standards set for the food that plays so vital a part in rebuilding her patients and assisting them in avoiding and fighting disease.

What should be expected of the hospital with respect to the milk supply used for the patients? These are the essential factors:

1. That the milk be produced under the most sanitary conditions.
2. That only milk taken from tuberculin tested cows be used.
3. That the milk be Pasteurized (milk heated to at least 142 degrees F., and held at that temperature for thirty minutes).
4. That the milk be cooled immediately after it has been drawn, in order to avoid bacterial growth in transit.
5. That the milk be sealed in sterilized cans or bottles and delivered in the shortest time possible.

Because such factors as unreliable sanitary conditions, bovine tuberculosis in the herd, and milk borne epidemics, often enter into the personal experience of dietitians at one time or another, these experts have frequently turned to the concentrated milks as a solution of these sanitary problems. Concentrated milks are safe. In general they have all the essential ingredients of liquid milk and may be used either as substitutes for whole milk or to supplement it as the occasion demands.

Such qualities as cleanliness, safety, uniformity, convenience, adaptability and high nutritional value are arguments in favor of the use of canned milk for health purposes.

Concentrated milks are both safe and clean. Manufacturers of these milks have found that it is a commercial necessity to use only sanitary methods in all of their processes. All raw milk has to conform to high standards of cleanliness in order to be accepted at the manufacturing plants. This factor of cleanliness becomes of vital importance to the hospital situated in a rural district where milk is neither certified nor Pasteurized. The concentrated milks are in a clean condition when received at the hospital. When opened they should be treated in the same manner as fluid milk in order to protect them from possible contamination.

Concentrated milks, which are manufactured on a large scale, come from large herds of cattle, thus insuring a uniform consistency. The milk supply to be condensed is standardized as to fat and solid content before the heating process.

When whole milk is not available on account of a short-

age, canned milks may be bought at reasonable rates. These milks have a national distribution and may be secured at groceries and drug stores. Canned milk on the hospital shelf has saved many a dietitian from an embarrassing situation caused by an unexpected shortage of the daily milk supply. These milks are not bulky to handle and may be packed in small compact space in the supply room.

Concentrated milks have been found practical to use in hospital cookery. They give excellent results in all cooked dishes, and with them appetizing and nourishing beverages are easily prepared.

The nutritional elements of these milks remain unimpaired by the processes of manufacture. The natural fats, proteins and carbohydrates are relatively unaffected. The enzymes are apparently unchanged and the lactalbumin is not coagulated. There is a slight change in the mineral content due to some precipitation, but the loss is unappreciable. These milks contain the essential Vitamins A, B and D, in their original potency. It has been demonstrated by Hess and other observers that Vitamin C is present in sweetened condensed milk, and experiments have shown that it is present in dried milk but is absent in evaporated milk. The varying quantity of Vitamin C may be easily supplemented by including fresh fruits and vegetables in the diet.

## Canned Milk Easily Digested

Canned and dried milks (diluted) have been recognized by the medical profession as more easily digested than whole milk. The condensing process breaks down the large curds (casein of the milk) and makes the resulting product easy for the most delicate stomach to digest.

There are four forms of concentrated milk: sweetened condensed milk, evaporated milk, malted milk and dried milk. Each has its own place in the diet. In order to use all these different kinds of milk to the best advantage, it is necessary to understand exactly what each one is and how it differs from the others.

Sweetened condensed milk is whole cow's milk with the greater part of the water removed and just the right amount of pure cane sugar added to help preserve the milk in its fresh state and give it added food and energy value. It is subjected to a temperature high enough to preserve the milk but not to destroy the vitamin content.

Evaporated milk is simply milk minus 60 per cent of its water and nothing more. The difference between condensed milk and evaporated milk is that the condensed milk is sweetened while the evaporated is unsweetened. These products should not be confused.

Malted milk is a combination, in powdered form, of pure full cream milk with high grade barley and wheat flour. Malted milk comes in plain and chocolate flavors.

Dried milk is just what the name implies—milk from which practically every bit of water content has been removed. This product goes under several names, dried milk, milk flakes, milk powder and dehydrated milk. These dried milks are made from whole cow's milk, partly or wholly skimmed milk or milk that has been enriched by additional cream.

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The following tabulation has been outlined to show the many ways canned and dried milks may be used in the hospital dietary:

	Hospital Cookery	Beverages	Infant Feeding
Evaporated Milk	Creamed Soups Sauces Breads and Muffins Ice Cream Desserts	Cocoa Comb. Fruit Juices, Cereal Drinks, Malted Milk Egg Nogs	Formula Prescribed by physician in charge
Sweetened Condensed Milk	Breads and Muffins Ice Cream Desserts	Cocoa Cereal Drinks Comb. Fruit Juices Comb. Carbonated Drinks Egg Nogs	Formula prescribed by physician in charge.
Malted Milk	Addition to Desserts and Soups	Plain (hot or cold) Comb. with Egg Choc. Flavored (hot or cold)	Formula prescribed by physician in charge
Dried Milk	Sauces Creamed Soups Breads and Muffins Desserts	Cocoa Cereal Drinks Comb. Fruit Juices	Formula prescribed by physician in charge

For convalescent diets, treatment of malnutrition in adults and children, building resistance in tuberculous patients and other hospital purposes for which whole milk is used, the value of concentrated milks has been recognized. Their dependable characteristics have justified their presence on the shelves of the food supply rooms in many hospitals.

## Protein in the Diet

There is evidence of a tendency on the part of physicians to increase the amount of protein in the diet of patients with chronic diseases, according to Eugene F. du Bois, Russell Sage Foundation, New York. The danger of the high protein diets has apparently been overestimated. Some of the earlier work on laboratory animals indicated that a diet containing large amounts of protein caused damage to the blood vessels and kidneys. Most of the recent work, however, has revealed hypertrophy of the kidney but no nephritis. Studies of the Eskimo dietary indicate that these people live on a meat diet of high protein content, enjoy excellent health and have no undue amount of nephritis or hypertension.

Many patients with nephritis are kept on an unnecessarily low protein intake and suffer from severe protein wastage. Some of these can take a relatively high protein ration, and retain large quantities to replenish their body tissues. Nitrogen metabolism is high in fever and other toxemias. There is evidence to show that patients with severe diabetes do better on a low protein diet than on a high ration.

## Planning Menus

The major considerations in menu-making are dietary balance, cost and satisfaction, says M. Faith McAuley, assistant professor, institution economics, University of Chicago, Chicago, writing in the *Journal of the American Dietetic Association*. The menu-maker's chief and constant problem is to plan so as to offer a ration dietetically adequate. Dietary balance is first of all sought. Cost is also a limiting factor, and what may be called a cost balance must be maintained. The budget for the meal and the day must be carefully adhered to, and presents a problem for the exercise of skilled judgment.

Satisfaction of the guest must also be secured, a factor no less vital than that the ration should be adequate and should meet the limits set by budget requirements. Satis-

fying food must be appetizing, attractive and palatable, and real skill is required in its production. The contented guest for whom a diet showing no food deficiencies must be provided is the special concern of the dietitian. The individual in the institution group is likely to be dissatisfied with the diet offered in degree as his individual preferences are disregarded.

## Only the Dietitian Should Purchase Food

Important as the problems of organization, management, and equipment are, the chief concern of the dietitian centers around food—food, its purchase, preparation and service. In discussing this subject in the *Journal of the American Dietetic Association*, M. Faith McAuley, assistant professor, institution economics, University of Chicago, Chicago, says:

The importance of making the dietitian responsible for all purchases may well be emphasized. Complete control of the department for which the dietitian is made responsible, is essential. No executive should be willing to be held responsible for final results unless she has full control of all activities contributing to the character of that result. This is especially true of the foods that constitute the materials for menu-making. Selection, involving kind, quality, quantity, price, as well as the making of the menu and the preparation of the food, should be under her control. The institution kitchen is a factory where raw materials are many and extremely varied, and whose finished products change with the season, the day and even with the meal. Only the menu-maker herself can purchase intelligently. It would seem that no adequate reason can be given for placing the purchase of the raw materials in the hands of any other executive.

The reasons for making the dietitian responsible for all purchasing are obvious. If work only were involved in the purchasing activity it would undoubtedly be placed, without question as to competency or incompetency, in the hands of the administrative dietitian. Frequent and insistent emphasis should be given to this matter, so vital to the efficient operation of the food unit and to the professional standing of the dietitian.

## New Haven Hospital Dietitians Cater to Patients' Tastes

The dietitians of New Haven Hospital, New Haven, Conn., believe that a happy stomach means a happy heart. In proof of this, cards have been placed on the trays on which the patients may enumerate the dishes that particularly appeal to them. It does not necessarily follow, of course, that if a patient has on his list all the unpronounceable French dishes that usually appear on the menu of his exclusive country club, these will be served to him. The system is merely employed as a means of giving better satisfaction to the patient. For instance, if he prefers fried to boiled potatoes, and this does not interfere with his prescribed diet, then he will receive fried potatoes. Little things, such as these, go a long way toward making the meals more enjoyable.

This system also does a great deal toward convincing the patient that he is receiving individual attention, and tends to discourage the feeling that he is just one of the many who has to be fed. In other words, it is another step toward bringing that "at home" feeling to the patient.

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## OUT-PATIENT SERVICE

*Conducted by MICHAEL M. DAVIS, Ph.D., Executive Secretary, Committee on Dispensary Development, United Hospital Fund of New York, 151 Fifth Avenue; New York  
A. K. HAYWOOD M.D., Superintendent, Montreal General Hospital, Montreal, Que*

# How Part Pay Service Helps to Finance a Clinic\*

FOR sixty years the Central Free Dispensary has served Chicago. Begun as an independent institution in 1875, not long before the great fire, it affiliated with the Rush Medical College and has occupied quarters in the college buildings ever since. This arrangement with a teaching organization has enabled the dispensary to provide its patients with a more efficient corps of medical men than could have been brought together in any other way. Its association with the medical college has also given it the benefit of intimate cooperation with Presbyterian Hospital.

In 1926 three floors of a new college building—the Rawson Laboratory of Medicine and Surgery—were assigned to the dispensary in order to provide ample accommodations for the fast growing clinics. Comparison of admission figures for 1912, 1916 and 1926 shows how rapid this growth has been. In 1912 the total number of admissions approximated 49,000. They had increased in 1916 to 65,000 and in 1923 totaled 107,142.

While admissions doubled in ten years, expenses increased about fivefold. Increases in the cost of living caused a portion of this, but the greater part of it has been due to the dispensary's clearly defined policy of improving standards of service in every way possible. As a result the number of employees jumped from nineteen in 1917 to sixty-seven in 1926, including those working in the evening clinics. The total expenditures for running the dispensary in 1916 were \$20,523 as compared with \$94,000 in 1926.

The continuing increase in the cost of maintaining the institution at a high standard of efficiency, plus a belief that changing conditions warrant changing policies, have led the authorities in recent years to adopt the plan of charging a fee to patients when they are able to pay something although not able to afford private medical service.

"This," said Dr. George W. Duvall, superintendent of the dispensary, in his 1927 report, "is in accordance with the plans pursued by a large group of up-to-date clinics and out-patient departments of hospitals, which are conducted in such a manner as to lift them out of the inefficient and indifferent system that was once the rule, and to place them in the business field, with efficient busi-

ness methods, which are wholesomely reflected in better treatment of the sick, and which foster the best interests of those institutions.

"With the increased demand for better service to clinic patients it is desirable that institutions like the Central Free Dispensary hold to their main object—that of relieving the physical disabilities of those who are eligible to receive medical care in their clinics. When a clinic has served that purpose, it has fulfilled its obligation to the public. A clinic should not branch out into the field of general charity, but it should recognize the field and its medical requirements, and meet them without cost, when such needs are within clinic standards and are not above the usual cost of effective treatment, essential to the relief of the sick. Why should medical charity supply a railroad ticket, the cost of a meal, or food or clothing to its patients, when it is organized expressly for the purpose of giving medical service to the poor? The Salvation Army and similar social organizations are supported for such emergencies, and are at command when an individual is in economic distress. Clinics financed on the basis of the Central Free Dispensary should keep in mind that there is a business angle connected with dispensing their service as well as a charitable deed.

### How Funds Are Obtained

"An institution of public charity requires money to increase its usefulness to the community. Its finances may be obtained from taxation, endowment, voluntary contributions; or if its clientele is financially able, it should pay, in part at least, a proportion of the cost for institutional care. From whatever source funds are obtained, they should be sufficient to maintain the institution without embarrassment, and if it is at all possible the assets should grow until the institution becomes stabilized financially, with a solid financial foundation, so that its service may be raised eventually to the highest standard of effectiveness.

"The Central Free Dispensary has to depend upon its resourcefulness for meeting its obligations. Its endowment is small. The money it receives from voluntary contributions amounts to about one-tenth of its annual expenditures. The standard of admitting the public to the clinics is based on a family income not exceeding \$147 a month for a family consisting of parents and three chil-

\*This outline of the work of the Central Free Dispensary, Rush Medical College, Chicago, has been condensed from recent reports.



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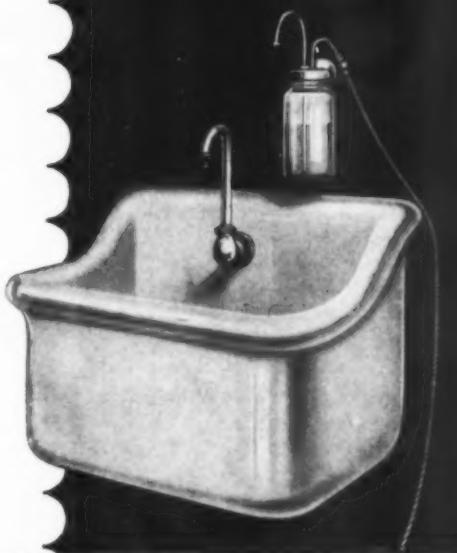
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**NOTE:**—Statements regarding a liquid soap dispenser similar to the Infantol Dispenser may have left the impression that all dispensers other than the one mentioned were infringements. This is not true. As a matter of fact, the Infantol Dispenser has features obtainable in no other dispenser. We invite comparison.

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# VESTAL

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dren. This basis has been in effect at the Central Free Dispensary for a number of years. The dispensary authorities feel it is sufficiently liberal to justify them in charging and expecting payment for the special service it renders to that group of people when there are no mitigating circumstances connected with their financial problems. It has been the rule to treat them justly, but in return it is expected that they deal fairly and justly with the dispensary.

"Accordingly the additional income necessitated by the rising cost of maintenance was secured by increasing the admission fee on September 1, 1925, to thirty-five cents a visit and the average cost of prescriptions from twenty-five to thirty-five cents, when patients could afford to pay it.

"The increase in admission fees and the increase in prescription charges so increased the income that at the close of 1925 the deficit between income and expense was cut to \$645.15, and in 1926 to \$497.21, although total expenditures for 1926 amounted to \$94,674.69, with an increase in attendance from 100,000 in 1924 to 107,000 in 1926.

"In 1925 the amount paid by patients toward the financing of the Central Free Dispensary was 78.3 per cent, in 1926 it was 83 per cent, while in 1927 it was 88.9 per cent. The attendance by visits for each year was approximately the same. But a large proportion of the increased receipts from patients was returned to them in service, for in 1925 the average cost to the dispensary per visit was 85.5 cents, in 1926 it was 88.3 cents, rising to 94.1 cents in 1927. During the three years, four employees have been added to the nursing and social service departments, additional equipment has been purchased for facilitating the work, and supplies and instruments have been bought to insure better diagnosis and treatment of the indigent sick.

"On July 1, 1927, a second readjustment of the admission fees was made, basing the fees on a sliding scale; fifty cents a visit for adults, thirty-five cents for children, fifteen cents for infants admitted to the infant welfare station in the dispensary, and fifteen cents a visit for boys and girls admitted to the nutrition classes.

#### Financial Condition Satisfactory

"The total expenditures of the institution for 1927 amounted to \$100,874.27, of which the patients paid, as stated above, 88.9 per cent of the cost, or \$89,777.18. The total number of visits to the dispensary during the year was 107,187, including 20,447 new patients, with 15.8 per cent of the number admitted free."

Dr. George E. Shambaugh, president of the board of directors of the dispensary, commented in his annual statement on the financial condition of the institution as follows: "Contributions from friends of the dispensary have sufficed to carry the overhead for the 15 per cent of patients admitted free. The receipts from part-pay patients, plus the income from endowment, have taken care of the overhead for the rest of the patients. Thus, if conditions continue as they have been during 1927, we may consider the finances of the dispensary as a whole as satisfactory."

Doctor Shambaugh also discussed the possibility of extending the institution's policy of charging fees for service. "As development of the work continues," he said, "the cost of running the institution will increase, but this increased cost should be financed by the increase in return from the pay patients. For even though other institutions, such as the out-patient department of the Cook County Hospital and that of the State University Department of Medicine, give service free, the type of service at

the Central Free Dispensary will attract patients and make them willing to pay the small admission fee.

"In keeping with these ideas it has been proposed that the dispensary proceed still further along the road of providing service for patients who could not at present be admitted to the dispensary, and yet who are not in a position to afford to pay the high cost of private medical service. The proposal is to establish in connection with the present work of the dispensary a service for the employees of large industries, a pay clinic similar to that which is successfully being rendered by the Cornell Clinic, New York.

"The development of an industrial pay clinic should bring with it the sympathetic cooperation from industries whose service departments can never hope to embrace all that the staff of the Central Free Dispensary is prepared to offer. The successful development of such a service in the dispensary would assist us in further developing the efficiency of our work, and should make it possible for the dispensary to be entirely self-supporting. Along this line the Central Free Dispensary may find its future rôle, while the care of the indigent poor will be taken over more and more by institutions provided with funds from public taxation."

#### Is Your Anesthetist an Artist?

A nurse, in order to become a good anesthetist, must not only have desire and ambition along this line, but must have a love for that kind of work, according to an article in a recent issue of the *American Journal of Nursing*. She must have, particularly, a knowledge of human nature and must possess self-control, balance, quick judgment in emergencies, good coordination of head and hands, and interest in surgical procedures. She must, in short, be an artist, one who is working, not as a means of existence, but for the love of her work. Her confidence in herself should not be allowed to exceed her acquisition of knowledge.

Fear, which is rarely absent in a person who is about to undergo an operation, manifests itself in many ways, and thus necessitates a different approach to each patient. A thorough knowledge of human nature must be acquired in order to deal efficiently with this situation.

The ear and eye training of the anesthetist are important factors. She must be able to tell by the sound of the breathing just how sound asleep the patient is, and thus be able to judge whether a large enough dose of anesthetic has been administered. Blood conditions, conditions of the eyes and certain physical reactions should also convey definite messages to her mind. The sense of touch is invaluable in taking the pulse, and this, in the anesthetist, must be developed to a high point.

#### An Ambulance Call Every Three and One-Half Minutes

A total of 148,663 ambulance calls were answered by public and private hospitals in the city of New York in one year, or an average of 407 calls per day and 17 per hour, or one call every three and one-half minutes, according to the Hospital Information and Service Bureau of the United Hospital Fund of New York. In the group of fifty-six nonmunicipal hospitals comprising the United Hospital Fund, a total of 42,486 calls were answered, or one every twelve and one-half minutes.

## Photographs in the Superintendent's Annual Report

A new operating pavilion—a new wing for contagious cases—the new ambulances—the graduating class—the nose and throat clinic on a busy morning—these are all worthy of being photographed to illustrate the superintendent's annual report. And these pictures may be easily and inexpensively made with the hospital's Eastman Clinical Camera Outfit.

Experience shows that the possession of this simple outfit brings to light many worth while yet unexpected uses for it. The camera has been purposely made as simple as the requirements of scientific photography permit. The stand is rugged and yet adjustable to any angle from horizontal to vertical, thus making the camera adaptable for recording gross specimens, clinical cases or ordinary subjects. The lens is a Kodak Anastigmat of the highest precision. The complete outfit sells for only \$180.00. The coupon below may be used to obtain a copy of "Clinical Photography," an elementary monograph on the subject.

### Eastman Kodak Company

*Medical Division*

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Gentlemen:

Please send me, without obligation, Elementary Clinical Photography.

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## HOSPITAL EQUIPMENT AND OPERATION

With Special Reference to Laundry, Kitchen and Housekeeping Problems

*Conducted by C. W. MUNGER, M.D., Director,  
Grasslands Hospital, Valhalla, N. Y.*

# How to Cut Fuel Costs\*

By S. R. LEWIS  
Engineer, Chicago

FUEL is used in hospitals primarily to keep the hospitals warm. Its secondary uses are for cooking, hot water, laundry and sterilizing purposes.

The first important consideration is to build the walls and ceiling of the hospital of such materials that heat will tend to be retained. A comparatively recent development in the art of building enclosures for human habitation is the use of insulating and air-stopping materials in the walls and ceilings.

An ordinary brick wall thirteen inches thick, for instance, plastered in the usual way directly on the brick work, will transmit in zero weather, with a temperature of 70 degrees inside, 18.4 heat units per square foot per hour. This will be reduced to 12.9 if the wall is furred on the inside, so as to leave an air space. If provided with one of several types of comparatively inexpensive insulation, the wall will transmit only about 8 heat units per square foot per hour. An ordinary room, about 12'x12'x10', with one window, if uninsulated would require 31 square feet of ordinary radiation, while the insulated room would require only 21 square feet of the same radiation. On the reasonable presumption that 80 pounds of coal would be used per square foot of radiation per season, the insulation would save 800 pounds of coal for this one room.

In many hospitals the top story is prone to be cold in winter and hot in summer, due to failure properly to insulate the ceiling of the top story or the roof.

An ordinary plastered ceiling will transmit 9.8 heat units per square foot per hour, if the ceiling is at 80 degrees and the attic is at 40 degrees. In the 12'x12'x10' room such a ceiling condition would make it necessary to add 6 square feet of radiation, or 20 per cent, to that required for the same room on an intermediate story. Such a room would be very hot in summer. This difficulty could be reduced nearly to the vanishing point by applying insulation.

If there is no attic space and the roof is of concrete, say six inches thick, plastered directly on the concrete, the heat transmission easily may amount to 40 heat units per square foot per hour, and if we put enough extra radiation in the 12'x12'x10' room to overcome this, we must add 25 square feet, and must burn 2,000 pounds of coal extra per year for each such room, beyond the

coal required for the same room on an intermediate story.

Insulation easily can be installed to overcome this extra loss, and as a general thing the insulation will nearly be paid for by the saving in first cost of the radiators, piping and boilers.

An interesting corollary to the installation of insulation in ceilings is that the attics above these ceilings become much colder as a result, while the parts of the rooms near the ceilings become much warmer than they were before the insulation was applied.

### Central Temperature Control Saves Money

The installation in hospitals of a type of heating that permits some central control of the temperature of the heating medium with reference to the varying weather conditions outside, results in a saving of fuel. Thus, if we have the ordinary single-pipe steam heating we get no heat unless we have steam at a pressure high enough to force the air out of the radiators through the air valves. With such a heating plant there is a great tendency to overdo the matter in mild weather, with waste of fuel.

In large hospitals forced circulation hot water heating is therefore especially desirable, because the temperature of the water, which is directly responsible for the amount of fuel burned, can be regulated easily from the boiler room in accordance with the weather. Vacuum and vapor systems of steam heating are far more amenable to regulation than is single-pipe steam heating, but hot water seems to have the greatest number of advantages. In general it is best to heat the hot water with steam from a steam boiler plant, since steam at considerable pressure usually is demanded for sterilizing, cooking and laundry purposes.

If there is an efficient boiler plant, with steam at a comparatively high pressure, hot water can be supplied easily and economically at one controlled temperature for heating, at another controlled temperature below scalding point for general bath service, and at another controlled higher temperature for kitchen and laundry service.

The high temperature steam piping is small in area, can be heavily insulated, and so allows little loss of heat. By having the separate water systems, each controlled automatically as to temperature, overheating of

\*Read at a joint meeting of the Hospital Association of Illinois and the Wisconsin Hospital Association, Chicago, April, 1928.

# Hospital Comfort



*A Few of Many Atheyized Hospitals*

Walter Reed Hospital, Washington, D. C.  
Alexian Bros. Hospital, Chicago, Ill.  
Mount Sinai Hospital, Chicago, Ill.  
St. Joseph's Hospital, Chicago, Ill.  
Illinois Central Hospital, Chicago, Ill.  
Austin Hospital, Chicago, Ill.  
Mount Sinai Hospital, Cleveland, Ohio  
St. Elizabeth's Hospital, Appleton, Wis.  
Nurses Home, Ogden, Utah  
Lutheran's Old Peoples Home,  
Milwaukee, Wis.  
St. Joseph's Hospital, Milwaukee, Wis.  
St. Luke's Hospital, New York, N. Y.  
Midway Hospital, St. Paul, Minn.  
Mayo Clinic, Rochester, Minn.  
Recreation Bldg. Marine Hospital,  
Aspinwall, Pa.  
Truesdell Hospital, Leominster, Mass.  
Home of the Friendless, Lockport, N. Y.  
Lutheran Hospital, Columbus, Miss.  
Ft. Saunders Hospital, Knoxville, Tenn.  
Multnomah County Hospital,  
Portland, Ore.  
Notre Dame Hospital, Montreal, Canada  
San Luis Obispo Hospital, San Luis  
Obispo, Calif.

*Waiting Rooms, Offices and Lobbies are far more interesting and beautiful when Athey Shades are used.*

Windows properly shaded to allow light (not glare) to enter—windows that keep out cold, drafts, dust and gases, working noiselessly, without rattling—Sufficient heat in Winter and coolness in Summer—*That's Comfort.*

Upon entering a room equipped with Athey Window Shades, one immediately becomes conscious of a feeling of something pleasantly different—the soft glow of diffused light and homelike atmosphere, no noisy flapping of shades in winds, no catches or springs to get out of order. In Summer the rooms may be kept surprisingly cool by lowering the window several inches at the top and shading the whole window except about six inches at the bottom. The heat of the sun on the window and shade causes a natural draft that excludes all the superheated air and the hot outside air.

## Eliminate Awnings

Athey Shades, because they can be instantly adjusted to shade any part or all of the window, eliminate the necessity of expensive short-lived awnings. With these beautiful shades, some of the finest hospitals are discontinuing the use of awnings.

## ATHHEY WEATHERSTRIPS

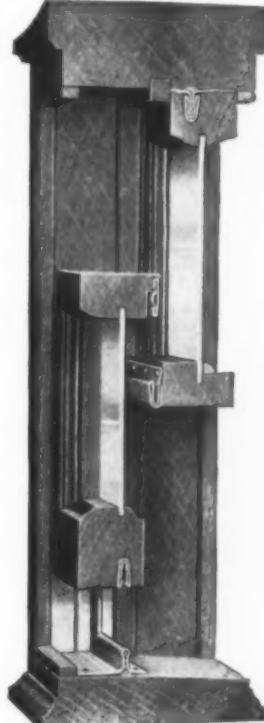
*Save enough fuel to pay for the installation in less than three years and assure a comfortable temperature in every room during cold, windy weather.*

Tests have shown that the average window in a 45-mile an hour wind, allows 2 9/10 cu. ft of cold air to enter the room every minute. When Athey Weatherstrips are installed, less than 1/4 cu. ft. of cold air can enter. Leaky windows not only cause discomfort to the patients, but necessarily waste fuel because of a forced heating plant. Athey Cloth-Lined Metal Weatherstrips last the life of the building, yet pay for themselves in less than three years by saving fuel, not including the saving through cleanliness or ash and fuel handling.

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The service of The National Pathological Laboratories is always available for quick and accurate reports on tissue examinations and X-Ray interpretations.

Tissue specimens are diagnosed by a staff of competent pathologists, headed by Drs. Ludvig Hektoen and J. J. Moore. The service is of the highest recognized standard.

X-Ray interpretations are in charge of Dr. E. S. Blaine, who gives his personal attention to this work, which assures a high grade diagnostic value from X-Ray films. By getting reports from a personnel of our standing, you can be fully confident of more accurate and reliable aids in diagnosis than might be received from local mediocre roentgenologists.

The National Pathological Laboratories have membership in the A. H. A. They are approved by the A. M. A. and A. C. S., as well as by other approving and standardizing bodies.

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### NATIONAL PATHOLOGICAL LABORATORIES, Inc.

5 So. Wabash Ave. Chicago, Illinois

any of them can be avoided, with substantial saving in fuel over any arrangement that necessitates excess temperatures for any of the services.

There should be, of course, separate steam heating arrangements, directly from the boilers, for summer and extra high temperature heating of such places as operating rooms and sterilizers. This permits the general heating system to be shut down in warm weather.

One common source of waste of fuel in hospitals, as in any plant, is through leaks. A small trickle of hot water from a defective trap or valve can waste a ton of coal in a surprisingly short time, and the waste is expressed not only in the fuel lost but in the fact that the leak may be in a return pipe and that the water so lost has been purified.

Scale, which is mostly lime, when allowed to accumulate on heat transmitting surfaces is responsible for much waste of fuel, and a constant fight must be waged to keep the scale thin and innocuous.

A square foot of uninsulated steam pipe in a temperature of 70 degrees can account for as much as 100 pounds of coal per season.

A hot boiler room, especially up near the ceiling among the pipes, is indicative of a wasteful plant. Cooling such a boiler room by installing ventilators or fans creates a further waste. The heat can be made to go where it should go, and can be prevented from going where it should not go. Failure so to control the heat is an indication of inefficiency.

Too often we find the insulation on the pipes badly disintegrated or missing. Too often we find the breechings and tanks innocent of insulation.

### Insulation Deteriorates Quickly

One of the troubles about insulation around heating and power plants is that the desirable insulation that prevents waste, constantly deteriorates, since it receives hard knocks, gets wet, then is baked, perhaps is removed and probably will be replaced by careless hands. The undesirable insulation, on the other hand, such as scale and soot, constantly is being unobtrusively built up and constantly is becoming more harmful.

Most boilers are fairly efficient as heat transfer agents if they are well maintained. Practically all of them will extract a fair share of the heat from the hot gases that are strained through them. However, if boilers are not provided with adequate fireplaces where the combustion of the fuel can be completed at high temperature before the gases touch the comparatively cool boiler, there will be a distressing smoke out of the chimney top and a waste of fuel.

A few years ago it was a usual practice to install a metal grate on which the fuel was burned by natural draft, and to place this grate close to the water cooled heating surfaces of the boiler. An over all efficiency of from 50 to 60 per cent was obtainable, along with much smoke. Now we have learned to build a fireplace far enough away from the water cooled surfaces that the combustion can be completed and a clear, hot gas attained before the cooling process begins. The allowable temperature in this fireplace is limited at present only by the melting point of the fire clay lining.

With the use of oil and gas and pulverized coal, grates have disappeared and combustion is entirely smokeless. Efficiency above 80 per cent is not at all uncommon with these three fuels, and can be maintained indefinitely, without any ash or clinker to speak of and with little labor.

There is an old hand-fired plant in a hospital, which



# Don't have this happen in your hospital . . .

Doors that slam in the night. Or during the rest hours. Patients longing for mental ease . . . rest . . . quiet. A slamming door is a cruel thing, especially now that it can be so easily prevented. To have doors rendered *incapable* of disturbing the peace is indeed a worthwhile accomplishment.

## . . . Let Us Equip a Trial Door FREE

**W**E want every hospital to have the experience of operating a door fully equipped with McKinney Friction Control Hinges, Noiseless Roller Catch and Rubber door stop.

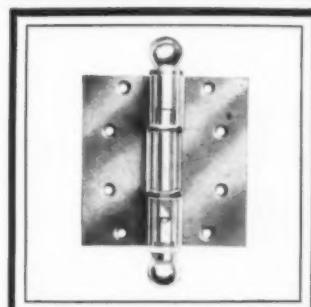
These three units make it possible for the first time actually to *control* the action of doors. By control we mean this: (1) ability to leave a door full open, closed, or at any angle and have it remain there until purposely moved by an easy, steady hand pressure; (2) elimination of the usual clicking lock; (3) prevention of any possibility that the door will strike hard against the stop.

*There is no Up-Keep. The first cost of McKinney door-control hardware is the only cost.*

At your request, a trial door will be equipped without cost or obligation. Thus you may be able to test its operation under your own conditions. Write us, or use the attached coupon. We'll do the rest. McKinney Manufacturing Company, Pittsburgh, Pa.

*Some hospitals which have been equipped  
with McKinney Friction Control Hinges*

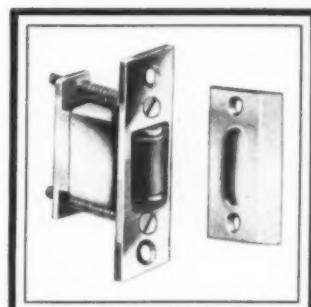
ABINGTON MEMORIAL HOSPITAL	Philadelphia, Pa.
HOMEOPATHIC HOSPITAL	Providence, R. I.
LUTHERAN HOSPITAL	Fort Wayne, Ind.
MATERNITY HOSPITAL	Toledo, Ohio
ONANDAGA GENERAL HOSPITAL	Syracuse, N. Y.
QUAKERTOWN HOSPITAL	Quakertown, Pa.
ST. JOSEPH'S HOSPITAL	Paterson, N. J.
ST. LUKE'S HOSPITAL	New York City
ST. MARGARET'S HOSPITAL	Pittsburgh, Pa.
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HERE are the "Three Steps" which make the operation of hospital doors truly modern.

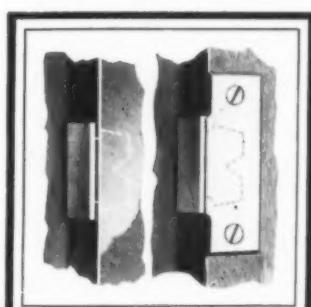
### FIRST

The McKinney Friction Control Hinge which holds the door in any position and prevents slamming.



### SECOND

The McKinney Noiseless Roller Catch takes the place of the metal latch and holds the door securely in its closed position. Ideal for Arm Pull operation. No knobs to turn. The hands are free.



### THIRD

McKinney Rubber Door Stops which act as a cushion for the door as it strikes the stop. Designed for metal trim (left) and for wood trim (right).

## MCKINNEY friction control HINGES

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burns 3,000 tons of 12,000 B.t.u. washed nut coal per year at 50 per cent efficiency. This coal costs \$5 per ton and 36,000,000 heat units are obtained for the \$15,000 annual fuel appropriation, or 2,400,000 B.t.u. for \$1.

If this same yearly demand of thirty-six billion heat units is supplied by a boiler plant that develops 80 per cent efficiency and uses a 10,000 B.t.u. coal, consisting mostly of slack, which costs \$2.50 per ton (a reasonable surmise in Illinois), but 2,250 tons will be needed at an annual fuel appropriation of \$5,625, giving 6,400,000 B.t.u. for \$1.

This simple calculation, covering conditions actually in effect in many hospitals, shows that there is still some romance in the utilization of fuel.

In this case the annual fuel saving alone, not including an actual labor saving of one man throughout the year, amounts to \$9,375 or 15 per cent interest and depreciation on \$62,500.

## A New Syringe for Vaginal Instillation

To overcome the difficulties of instilling antiseptics into the vagina during labor and at the time of delivery, Dr. Harry W. Mayes, Brooklyn, N. Y., devised a new syringe.

The syringe is made of heavy glass tubing, carefully annealed, and has a capacity of one ounce. The end is



tapered and blunt. The blunt end facilitates introducing the syringe into the vagina and obviates the danger of rupturing the membranes or causing trauma. The opening in the point is sufficiently small to hinder the fluid from leaking from the syringe.

With this syringe it is possible to make the instillation so that from two to three drams of the solution will remain in the vagina.

## New Mask Has Close Fitting Nose Piece

A new nose and mouth mask for use in operating rooms, with a soft aluminum nose piece to prevent expelled breath from passing upward, has recently appeared on the market. The advantages of this mask, it is maintained, are that if the user wears glasses, it is impossible for the warm air to get under the glasses, thus steaming them and obscuring the vision; perspiration on the cheeks is absorbed as quickly as it appears; the mask fits closely over the nose, eliminating the necessity for pushing down the nose piece in order to gain easier breathing. The mask is carefully made, with two layers of a good quality of gauze. A tape is stitched between the layers to hold the flexible nose piece in place.

## But who charts the medicine?

YOU may judge the progress of a patient by the nurse's chart. But upon what do you place dependence in your selection of organotherapeutic supplies?

Armour Laboratory has been preparing medicinal products of animal origin for a third of a century by the most scientific means practicable for large production. Each step of production is rigorously inspected by government inspectors, and physiological and bacteriological chemists who are independent of the manufacturing department.

At the disposal annually of the Armour Laboratory are an average of 16 million head of livestock that pass through the Armour abattoirs. When you realize that in the preparation of a single pound of Desiccated Posterior Pituitary Substance the glands from 12,000 head of young cattle are required, the value of this tremendous source of fresh material is better understood.

Armour's Pituitary Liquid and Ligatures are in particular demand by hospitals because of their absolute dependability and uniformity. But for other products, too, Armour Laboratory is recognized as "*Headquarters for medical supplies of animal origin.*"

**ARMOUR AND COMPANY**  
**Chicago**





*Flower Hospital, Toledo, Ohio: Kohler Electric Plant for emergency lighting specified by Mills, Rhines & Nordoff, Architects, Toledo*

## A reserve supply of electricity from Kohler Electric Plants

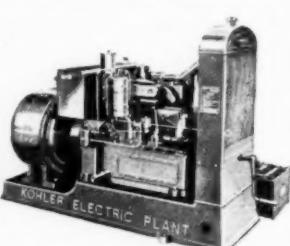
**P**ROTECTION against the danger of electric current interruptions caused by lightning, floods, storms, sleet or central station breakdowns is readily obtained by installing a Kohler Electric Plant.

Many hospitals have installed the Kohler Electric Plant for this purpose. It starts generating electricity automatically, the moment regular current fails. It is connected with selected emergency outlets, such as operating rooms. It supplies current for lighting the hallways, office, and exits; and for the call system.

The installation of a Kohler Electric Plant is a simple precaution to take, and an inexpensive one. Yet it is frequently the means of preventing discomfort to patients and of saving life.

Kohler Electric Plants are made in capacities of  $1\frac{1}{2}$ , 2, 5, and 10 K.W. They operate on gasoline or artificial gas. They have no large storage batteries —only a starting battery. They are exceptionally reliable and are easily maintained without expert attention.

Write for detailed information as to the practicability of a Kohler Electric Plant installation in your hospital; also about Kohler of Kohler Plumbing Fixtures in enameled or vitreous china ware.



*Kohler Electric Plant  
Model 5A1—5 K.W.  
110 Volts D.C.*

Kohler Co., Founded 1873, Kohler, Wis.  
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ALSO MANUFACTURERS OF KOHLER PLUMBING FIXTURES

**KOHLER OF KOHLER**  
*Electric Plants*  
Automatic—110 Volt D. C.—No Storage Batteries

## Minimizing Fire Risks\*

In the national fire loss for the year 1927, amounting to more than \$500,000,000, a considerable amount was charged up against fires in institutions, such as hospitals, schools, asylums and church property, which ordinarily come under the management of a board and some individual or individuals appointed by the board to assume specific duties of management and regulation. On this management falls the responsibility of the protection of the institution and the human beings gathered therein. Many common causes of fires are known to such managements, but only too frequently these fires are regarded as incidents of operation and insufficient thought is given to prevent their recurrence.

The following are some of the fire hazards, the dangers of which can be minimized by forethought and careful planning:

Substandard electrical wiring. Electric wiring, lighting and heating fixtures, should not only be installed by efficient electricians and inspected and approved by local authorities in charge of such work, before current is turned into the wires, but should be reinspected at regular intervals.

Heating apparatus should be installed in fireproof rooms cut off from other portions of a basement by fire walls and fire doors, or at least should have fireproofing protection above the heater and between all inflammable floorings and the heating apparatus. If the apparatus is of the coal or oil burning type, there should be regular periods for the cleaning of chimneys, flues, pipes and burners of soot or carbon deposit.

### Place Hot Ashes in Metal Container

Hot ashes, when removed from a stove, should be immediately placed in metal containers with lids, and such containers should never be set on other than a non-inflammable flooring. They should always be kept away from wooden partitions or stored articles.

Paints and varnishes should not be stored in hospital buildings.

Metal pans should be provided to catch all oil drips; if this is impossible, sand should be used. Never use sawdust or other combustible material to absorb oil. Fire from spontaneous combustion in such mixtures are frequent.

Institutional good housekeeping calls for freedom from dust. A minor fire that may produce a slight carbon monoxide or so-called smoke explosion, may dislodge a cloud of dust in a confined area that will explode with terrific force. Coal dust and metal dust are high hazards.

Spontaneous ignition is a frequent cause of fires, and it is dangerous to keep either oily or greasy rags or waste in other than metal containers. Painters' overalls, placed in a cupboard under certain atmospheric conditions, have been known to burst into flames within a few hours. Oily mops carelessly placed in confined spaces are a frequent cause of fire. Tests show oily waste rags show rapid oxidization under many conditions.

Woodwork, subject to long continued heat of comparatively low degree, or even to the action of steam pipes that are not properly protected in passing through floors or partitions, frequently form charcoal. When charcoal has little or no ventilation it absorbs oxygen, and the mass grows hotter and hotter, until it reaches a temperature above 265° F., and eventually bursts into flames.

\*Abstract of a paper on "Institutional Fire Prevention and Protection," delivered before the New Jersey Hospital Association, Atlantic City, N. J., May 26, 1928, by Walter R. Hough, Baltimore, Md.

# Carbon Arc Therapy

*Becomes More Firmly Established Daily*

HOSPITALS generally have been quick to grasp the value of Sunlight and Carbon Arc light in the treatment of many diseases, and remarkable results have been achieved through the influence of the healing rays, especially in cases of tuberculosis.

The J. N. Adam Memorial Hospital, Perrysburg, N. Y., has obtained unusual results in the treatment of hundreds of tuberculosis cases. Dr. LoGrosso, head of the staff, states that 87% of patients treated with the combination of natural sunlight and Carbon Arc Lamps were cured and 12% improved.

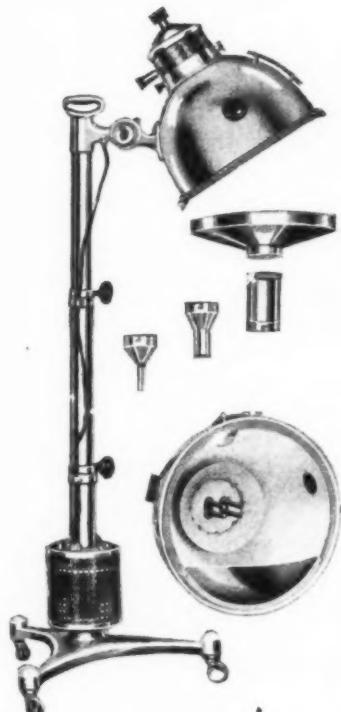


"The Carbon Arc Lamp Is the Nearest Approach to Sunlight"

—U. S. Bureau of Standards.

The U. S. Bureau of Standards at Washington has been investigating the spectral energy distribution from the sun. In Letter Circular 225, March 5, 1927, the Bureau has made the following statement: "Of all the artificial illuminants tested, the Carbon Arc lamp is the nearest approach to sunlight."

## "Britesun" Twin Arc



A-80 "Britesun" Twin Arc Ultra Violet Lamp

## Ultra Violet Lamp

*Particularly Adapted for  
Inter-ward Use in Hospitals*

A therapeutically efficient Carbon Arc modality, outstanding in beauty of design, economy and wide spectral range. With the various carbon combinations you can duplicate sunlight or you can produce unusual intensities in the Ultra Violet or you can secure the long penetrating Infra Red rays.

Its lightness of construction (total weight twenty-four pounds) and being mounted on ball-bearing casters, permits quick movement from ward to ward.

*We cordially invite you to visit us at Booth 96,  
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## BRITESUN, INC.

*Ultra Violet — Radiant Therapy — Infra Red*

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**Let us help  
you raise money  
for that new building**

The raising of money for new buildings, additions to the hospital, or for endowment, is a profession in itself.

Money can be raised most successfully if experienced men are in charge. A specialist is as valuable in this department of the hospital as in any other.

We are prepared to raise money in any amount over \$25,000 by establishing a resident campaign director in close touch with Mr. George E. Lundy and Mr. Arnaud C. Marts, two of the most successful money-raisers in the country.

The men of this organization have raised \$175,000,000 in campaigns for philanthropic enterprises.

Send for booklet, "Successfully Directing Hospital Campaigns."

**MARTS & LUNDY, Inc.**  
NEW YORK CITY COLUMBUS, OHIO  
527 Fifth Ave. 17 N. High St.

*A New Kimball*

# Light Electric Elevator

This new addition to the Kimball Elevator line is the latest development in Light Electric Elevators. For every type of installation where a passenger or freight elevator is needed.

Write for prices---You will be interested in the many of its exclusive features.

**KIMBALL  
BROS.  
CO.**

803-11 Ninth Street  
Council Bluffs, Iowa

*Elevator Builders for 45 Years*

**KIMBALL**  
**V.R.C.**  
**ELEVATORS**  
**COUNCIL BLUFFS**

1883

Spread of fire from a tiny flame around a steam pipe has at times been very rapid, because floors have been treated with a polishing oil of combustible base. The Collingwood School disaster, in which 136 teachers and children lost their lives, was attributed to such a cause. The fire that destroyed the group of Johns Hopkins buildings in Baltimore in 1919, was attributed to flames originating near a heat pipe and being spread almost instantaneously through the building by inflammable floor oil.

Careless smokers cause many fires. Smoking should be confined to certain portions of an institution, where supervision is possible. Only safety matches should be used. Rats and mice frequently take wood matches, breaking up the stems in their nests, and rats' nests often show many sulphur heads.

Never use makeshift electrical fuses. Coins, tinfoil and hairpins are responsible for many fires.

Never attempt to thaw frozen pipes with flame. They can be thawed by wrapping with cloth and using boiling water until the ice gives way.

**Oil lanterns should never be used in an institution or in its out-buildings.**

No gasoline or oil should be stored in an institution. If it is used, it should be brought in in safety cans, and removed to the outside immediately after use. Gasoline should never be used in a building in which there is heat or in a room in which there is a gas or other flame.

No loose paper should be stored in an institution, and all trash should be incinerated, baled or removed every day. Accumulations of old bedding and furniture are dangerous, not only because of the possibility of fire origin therein, but because they lead to rapid spread of fire. Never store a combustible article in an institution just because it "may come in handy some day."

#### **Prompt Alarm Is Necessary**

Proper protection organization is essential in every institution. Prompt alarm is the first necessity. The human element cannot always be relied upon, and automatic detection of a fire at origin, or a heat condition that may lead to fire is essential if first aid appliances are to be used with success. Many fire chiefs have said that the first three minutes of a fire mean the difference between a slight blaze and a possible conflagration.

The following are a few thoughts for organizations to prevent fires:

Have sufficient first aid fire-fighting equipment, and in buying this consult with some fire prevention expert who can advise you whether a soda and acid extinguisher, a foam extinguisher or a carbon tetrachloride extinguisher best fits your need.

See that your fire extinguishers are recharged at regular intervals and labeled with the date of recharge. Recharging should be done by someone who knows the business, and who will see that the container is thoroughly washed and the connecting hose and nozzle cleared of all corrosion or other obstacles.

Hose used in institutions should, when possible, be of the inch and a half type, leading from a reducer on the standpipe, so that the fire department can remove the cap and use its own two and a half inch hose on the outlet. Outside lines should be of the two and a half inch type. Untrained forces can handle the smaller hose to greater advantage than the two and a half inch variety. All hose connections should be of the same thread standard as is used by the local fire department. Hose should be inspected regularly, as hose that has become rotten may burst when most needed.

If fire pumps are used they should be tested periodically.



## For Convenient Enclosures —Sanymetal Cubicles

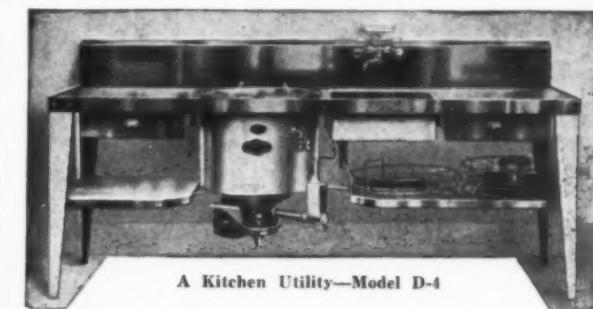
**W**ARD cubicles or steel partitions of SANYMETAL—one sure means of converting ward space into profitable space, and at the same time reducing the dangers from the spread of disease.

Doctor, nurse and patient all appreciate the semi-seclusion, the quiet and better ventilation and observation these enclosures afford, as well as the fact that their sturdy, all-metal construction allows for perfect cleanliness and sanitation.

Our expert engineering and erection department will gladly cooperate with you and your architect. Write for complete catalog 27.

Sanymetal Products for Hospitals are: Ward screens and cubicles, fly doors, corridor and smoke screens. Toilet, shower and dressing compartments. Office partitions. Wainscot. Gravity Roller Hinges for fly doors. Write for illustrated Bulletin 16-A and 27, showing hospital work exclusively.

The Sanymetal Products Co.  
1706 Urbana Rd. Cleveland, O.

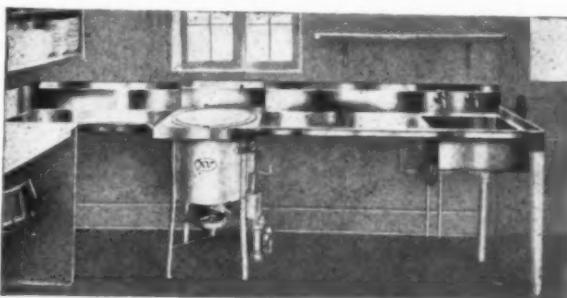


## New York City Health Dept. Endorses Syracuse K-U Dishwashing Equipment By Placing Repeat Orders

THERE are now twenty-three Syracuse K-U Dishwashing Units in the New York City Health Dept. The first order for six brought another order for two, and a recent order for fifteen units is the result of a conference between competitive manufacturers and the Board of Health officials. We are proud of repeat orders because they always mean satisfied users.

The simplicity of Syracuse K-U Dishwashing machine makes for low first cost, adaptability to any space requirement, and insures remarkable sanitation and speed in dishwashing in small kitchens. Monel metal or stainless steel drainboards, sinks and tables can be built in with dishwasher for capacity up to 2500 pieces per hour.

Use coupon for printed matter. Our service department will gladly consult with you or your architect without obligation. Let us suggest the remodeling of your old kitchens. SYRACUSE K-U CORPORATION, Dept. C, 246 Walton St., Syracuse, N. Y. (Formerly Walker Kitchen Utilities Co.)



Model D-1. Kitchen Utility

Syracuse



Dishwashing  
Equipment

SYRACUSE K-U CORPORATION,  
Dept. C, 246 Walton St., Syracuse,  
N. Y.

Gentlemen:

Without obligation, please send printed matter describing Syracuse K-U Dishwashing Equipment.

Name .....

Institution .....

Address .....



## Bran in its most appetizing form

To meet the requirements of bran therapy for a palatable food that will quicken the dullest appetite of the patient, Post's Bran Flakes was introduced several years ago.

So effective and so delicious has this food proved itself that it is now the most widely used bran product in the world.

Physicians find this appetizing bran cereal all the more valuable in that it contains such important food elements as iron, phosphorus, proteins, carbohydrates and vitamin-B.

**Postum Company, Inc.  
Dept. B-2978, Battle Creek, Michigan**

*We shall be glad to send to any physician or nurse a sample of Post's Bran Flakes and samples of other Post Health Products, which include Grape-Nuts, Post Toasties and Instant Postum. If you live in Canada, address Canadian Postum Company, Ltd., 812 Metropolitan Building, Toronto 2, Ontario.*

# POST'S BRAN FLAKES

WITH OTHER PARTS OF WHEAT

as an ounce            of prevention

© 1928, P. Co., Inc.

and the operating force should be available at all times for quick service.

Fire almost invariably brings confusion. Never leave fire-fighting arrangements to chance, or to last minute commands of the person in charge of the institution. There should be regular fire drills for every employee and attendant, and every man and woman should have a duty to perform and should know how to perform it, whether it be sounding the internal alarm, calling outside aid, leading off fire hose and turning on water, handling extinguishers, removing patients, or taking care of records.

Preferably, the fire-fighting force should be men, and they should know how to turn on water and when to turn it on. A trained fireman never throws water at smoke, as he keeps his line shut down until he can see fire and can reach it with the water. Otherwise much damage results and no good is attained.

Someone should have the specific duty, day and night, of transmitting fire alarms to the hospital authorities and attendants, to the local fire department and to any employees in buildings outside of the threatened structure.

Removal of patients should be carried out on a definitely laid out plan, in accordance with the location of the fire and location of the exits. Patients should not be brought through heavy smoke if this can be avoided.

If the institution is in the neighborhood of a city with a trained fire chief or a fire prevention bureau, it is well to request that some officer organize and train the hospital force for fire duty.

## New Air Filter Requires Little Attention

Dirty air is an enemy to the human body, in that it conveys disease germs, and is also an agency of destruction to machinery when it deposits grime on the highly polished working surfaces of delicate machines. It also causes extensive damage to interior decorations in large buildings.

Steps have been and are being taken to remove the destructive elements from the air we breathe, and from the air used in the operation of our mechanical tools. The latest of these is an air filter, which, according to tests made at the University of California, is 99.9 per cent efficient.

The new device is made in two forms. The principle of operation of both is the same. One is for filtering air for ventilating purposes and the other for use in connection with compressed air tools, paint sprays, compressed air equipment used in agitating liquids, ice-making and chemical processes.

The panels of the ventilating filter are supported in heavy compressed steel frames, which may be mounted in any convenient formation to suit the space available for installation. The panel consists of two pressed steel or aluminum frames, which support a series of hollow fins or pockets formed of wire cloth and arranged in two rows. Each row of fins is covered with a single piece of extremely fine texture filter material. The air delivered by this type of filter is free from humidity and oil vapor, which very often saturate the outside air.

The filter for supplying air to machines consists of an aluminum housing enclosed in a pressed steel housing which, it is claimed, will stand a working pressure of 125 pounds. The filter mounted inside consists of a felt filter medium, formed in pockets over radial wire screen fins

# Allegheny

# METAL

CONTROLS CORROSION



## METAL EASY TO CLEAN

*"Just wipe it off with a damp cloth"*

Silvery Surfaces Remain Like New  
Copper Free—No Verdigris

ALLEGHENY METAL is Widely Used and Highly Recommended for  
**MODERN HOTEL & RESTAURANT EQUIPMENT**  
**HOSPITAL and SCHOOL INSTALLATIONS**

SHEETS - PLATES - BARS - BILLETS - TUBES - RIVETS - BOLTS

WAREHOUSE STOCKS—JOS. T. RYERSON & SONS, INC.  
CHICAGO - CLEVELAND - CINCINNATI - BUFFALO - JERSEY CITY

ALLEGHENY STEEL COMPANY  
General Offices and Works:  
BRACKENRIDGE, PA.

New York • Chicago • Detroit • Milwaukee • Los Angeles

# Allegheny

Sheets for Automobile Bodies • Metallic Furniture • Deep Draws • Allegheny Metal • Ascoloy • Electrical Sheets • Steel Castings • Boiler Tubes • Pipe



### DISTINCTIVE

A dignified, efficient and distinctive method of marking hospital trays which appeals to the patient's sense of individuality and gives evidence that the institution is using care in keeping every patient's tray and napkin properly identified. It occupies but small space, fitting into the corner of the tray. It provides ample ring space with separate clip for the card. Holder is silver plated on hard white metal; very durable. Cards are specially printed with the name of your institution. Can be supplied in colors for special diets, if desired.

- 141-A-3—Silver holders, per doz... \$5.50
- 141-A-4—Specially printed cards, white only, per 1,000..... \$3.00
- Additional thousands ..... 2.25
- 141-A-5—Specially printed cards, any color or assorted, per 1,000..... \$3.50

The above is a typical example of the many items in hospital service which have been designed by us to improve or economize hospital service.

Will Ross, Inc., offers a complete service in hospital supply, furnishing virtually everything but foods and drugs. If you are not using our catalogue regularly both of us are losing much. May we send you a copy?

A cellulose absorbent that has set new standards of quality, that has brought prices down, and is favored by hospitals because of the convenient way it is packed and the ease with which it can be handled and used. Cheaper, more absorbent and convenient than the best absorbent cotton. Supplied in two, five and sixteen pound rolls or in cut size. Prices on application.

**Sanisorb**  
THE IDEAL ABSORBENT

**WILL ROSS, INC.**  
WHOLESALE HOSPITAL SUPPLIES  
459 E. WATER ST. MILWAUKEE

grouped around a central outlet. The larger machines are designed to pass 250 cubic feet of air per minute, and contain twenty square feet of filter material in a volume slightly smaller than a cubic foot.

Both of these filter machines may be cleaned by reversing the flow of the air current so that it is not necessary to dismount them for cleaning purposes. Cleaning is necessary about once every six months.

### Equipping the Hospital\*

#### DINING ROOM SERVICE

Equipment—China, Glass, Silver and Linen Dining Room Service for 150 People

	Size	Amount	Cost Per	Total Cost
China Plates	.8" D.	15 doz.	\$ 3.95	\$ 59.25
B. & B. Plates	.4" D.	30 doz.	2.20	66.00
Veg. Dishes	.3" D.	15 doz.	1.50	22.50
Cereal Bowls	.5" D.	15 doz.	3.50	52.50
Soup Plates	.7" D.	15 doz.	3.50	52.50
Boul'n Cups	.3" D.	4 doz.	4.50	18.00
Boul'n Saucers	.4" D.	4 doz.	1.45	5.80
Coffee Cups	.3" D.	20 doz.	2.95	59.00
Coffee Saucers	.4" D.	20 doz.	1.45	29.00
Egg Cups	.3" D.	15 doz.	3.50	52.50

Total ..... \$417.05

Glass				
Water Tumblers	.6 oz.	24 doz.	\$ 0.60	\$ 14.40
Water Pitchers	.2 qt.	24 only	.50 ea.	12.00
Vin. Cruets	.4 oz.	24 only	.35 ea.	8.40
Syrup Jugs	.6 oz.	24 only	.45 ea.	10.80
Pickle Dishes	oval	24 only	.25 ea.	6.00
Jelly Nappies	round	24 only	.20 ea.	4.80
Catsup Glasses	.3 oz.	24 only	.20 ea.	4.80
Aluminum Serving Trays	20 $\frac{3}{4}$ x 15 $\frac{1}{2}$	12 only	2.25 ea.	27.00

Total ..... \$ 88.20

Silverware				
Knives	.9 $\frac{1}{4}$ "	12 doz.	\$ 9.60 doz.	\$115.20
Forks	.9 "	12 doz.	9.60 doz.	115.20
Salad Forks	.6 "	12 doz.	10.20 doz.	122.40
B. & B. Knives	.5 $\frac{1}{2}$ "	12 doz.	7.20 doz.	86.40
Tea Spoons	.6 "	24 doz.	3.84 doz.	92.16
Soup Spoons	.6 $\frac{3}{4}$ "	12 doz.	8.64 doz.	103.68
Table Spoons	.8 "	6 doz.	9.60 doz.	57.60
Salt and Pepper Shakers	.3 "	50 prs.	4.50 doz.	18.75

Total ..... \$711.39

Linen for 25 Tables				
Table Cloths	6 doz.	\$3.14 ea.	\$226.08	
Napkins—Best Qual.	40 doz.	1.85 doz.	74.00	
Mercerized				
Tea Towels	12 doz.	.15 ea.	21.60	
Hamper Bags Duck	2 doz.	.70 ea.	16.80	
Aprons (work)...	5 doz.	.48 ea.	28.80	
Window Curtains	36 prs.	2.30 pr.	82.80	
Table Silencers..	26 only	1.50 ea.	39.00	

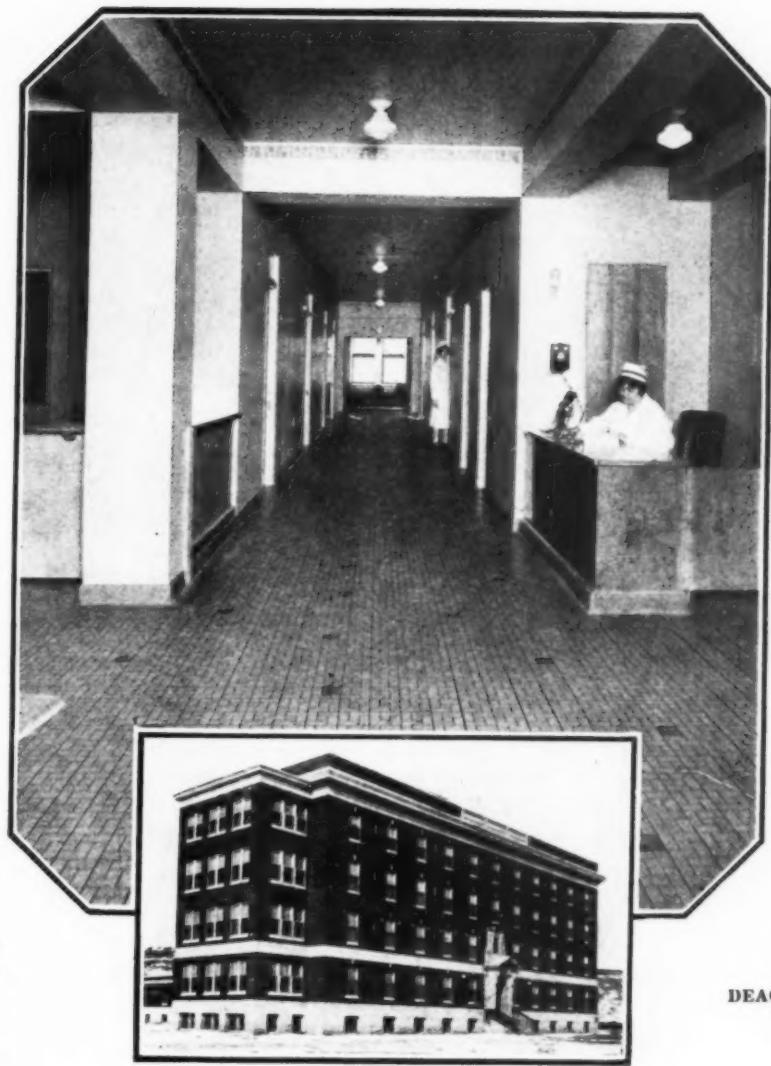
Total ..... \$489.08

Grand Total ..... \$1,705.72

#### FLOOR DRUG LIST FOR NURSE'S STATION

—25 BEDS	Items	Amount	Cost Per	Total
	Witch Hazel	1 pt.	\$0.25	\$0.25
	Liquid Peptonoids	1 pt.	.65	.65
	Mineral Oil	1 pt.	.20	.20
	Castor Oil	1 pt.	.19	.19
	Liquid Antiseptics	1 pt.	.40	.40
	Lime Water	1 pt.	.05	.05
	Tr. Green Soap	1 pt.	1.05	1.05
	Antiseptic Soap	1 pt.	.20	.20

\*This list of equipment and the prices mentioned have been supplied to THE MODERN HOSPITAL through the courtesy of P. W. Behrens, superintendent, Williamsport Hospital, Williamsport, Pa. It is based upon an actual inventory made in November, 1927, and is considered applicable to a 100-150 bed hospital. The list is being run in THE MODERN HOSPITAL in installments, the first installment having appeared in the May issue.



Meet a Midland Man  
at A. H. A. Convention,  
Booths 16 and 17, Ex-  
position Auditorium,  
San Francisco, Califor-  
nia, August 6th to 10th.

**DEACONESS HOSPITAL**  
Billings, Mont.

It's clean! Here is efficiency—smooth, clear floors and shining walls. Cleanliness is a breeder of confidence. It's much easier to believe in a clean hospital than a dirty one and oh! how spic and span things can be kept with

# TILEOLEUM

THE PERFECT CLEANSER

It's not an expensive way—this Tileoleum method. In fact it is much cheaper in the end. It takes so little to do a lot of cleaning. If you could see the dirt come out of a supposedly clean tile, marble or terrazzo floor—after Tileoleum gets on the job you'd

know why so many are turning to this Perfect Cleanser.

A Midland Service Representative will gladly demonstrate in your hospital. No obligation whatever. Just write us and say, "We'd like to see Tileoleum at work on our floors."

**MIDLAND CHEMICAL LABORATORIES, Inc.**  
DUBUQUE, IOWA, U. S. A.

*For use with*

**PEN  
STAMP  
STENCIL  
and  
MARKING  
MACHINES**

**This INK IS  
GUARANTEED**

*to last the life of all linens*

**OUR PROPOSITION**—Let us send you  $\frac{1}{4}$ -lb. can by post. If it is not as represented above, it will not cost you one cent.

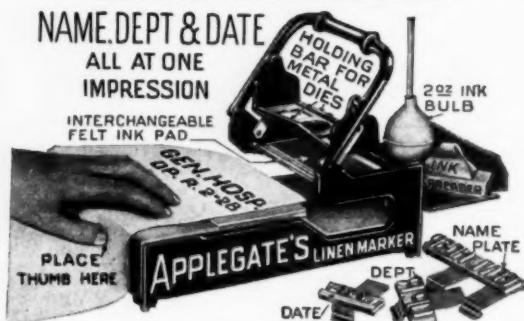
Many hundreds of Hospitals (10 to 3,000 beds) have adopted the APPLEGATE SYSTEM, not only because it costs much less to install, but for the reason that it is the most satisfactory.

Its extremely low cost and upkeep will agreeably surprise you. Return coupon below.

**APPLEGATE CHEMICAL CO.  
5630 Harper Avenue, Chicago, Ill.**

**BOOTH 18** A. H. A. Convention  
San Francisco, Cal.

Mr. Applegate personally will explain his marking system—kindly favor him with a call.



Send full information and sample impressions.

Name .....

Street .....

City ..... State.....



Hydrogen Peroxide .....	1 pt.	.20	.20
Liquid Cresolis Comp.....	1 pt.	.38	.38
Milk of Magnesia .....	2 pt.	.27	.54
Soda Bicarb. Pulv. ....	$\frac{1}{2}$ lb.	.10	.05
Magnesium Sulph. ....	$1\frac{1}{2}$ lb.	.16	.24
Aqua Ammonia .....	2 pt.	.10	.20
Wood Alcohol .....	4 oz.	.01 9/16	.07
95% Alcohol .....	$\frac{1}{2}$ pt.	.10	.10
Alum and Alcohol .....	2 pt.	.15	.30
Starch .....	1 lb.	.15	.15
50% Alcohol .....	1 pt.	.10	.10
Normal Saline Sol. ....	1 pt.	.05	.05
Glycerine .....	1 pt.	.60	.60
Oil of Cinnamon .....	1 oz.	.30	.30
Vaseline .....	1 lb.	.20	.20
Pastells .....	$\frac{1}{4}$ lb.	.15	.15
Bichloride Tablets, gr. 7 $\frac{1}{2}$ 100		.65	.65
Spt. Turpentine .....	4 oz.	.01 1/4	.05
Fl. Ext. Ergot .....	4 oz.	.25	1.00
Mercurochrome 2% .....	4 oz.	.10	.40
Tr. Iodine 2% .....	4 oz.	.12 3/8	.50
Tr. Iodine 4% .....	4 oz.	.15 10/16	.63
Tr. Iodine 7% .....	1 pt.	3.00	3.00
Hand Lotion .....	.8 oz.	.02 1/2	.20
Benzine .....	$\frac{1}{2}$ pt.	.02	.02
Spts. Camphor .....	4 oz.	.05 5/8	.22 1/2
Ests. Peppermint .....	4 oz.	.25	1.00
Tr. Digitalis .....	2 oz.	.25	.50
Collodion .....	4 oz.	.03 1/8	.13
Calomel, gr. $\frac{1}{2}$ .....	100	.10	.10
Calomel, gr. 1/100 .....	100	.10	.10
Phenolphthalein, gr. 1 .....	100	.37	.37
Comp. Licorice Pulv. ....	$\frac{1}{4}$ lb.	.25	.25
Comp. Cathartic Pills....	100	.50	.50
Cascarin Comp. ....	100	.25	.25
Pancoast Pills .....	100	.30	.30
Soda Bicarb., gr. 10 .....	100	.10	.10
Soda Bicarb., gr. 5 .....	100	.08	.08
Boracic Pulv. ....	$\frac{1}{4}$ lb.	.05	.05
Strychnine, gr. 1/40 Trit. 100		.10	.10
Strychnine, gr. 1/30 Trit. 100		.10	.10
Camphor in Oil, 1 c.e.....	6 Amps.	.30	1.80
Digalin, 1 c.e.....	6 Amps.	.40	2.40
Mag. Sulph., 50% 2 c.e... .	6 Amps.	.60	3.60
Caffin Soda, Benzoate, gr.			
7 $\frac{1}{2}$ 2 c.e .....	6 Amps.	.15	.90
Eserine .....	20 Tabs.	.40	.40
Strychnine, gr. 1/30 (H).100	Tabs.	.30	.30
Strychnine, gr. 1/40 (H).100	Tabs.	.30	.30
Strychnine, gr. 1/60 (H).100	Tabs.	.30	.30
Strychnine, gr. 1/50 (H).100	Tabs.	.30	.30
Atropine, gr. 1/100 (H).20	Tabs. 1 t.	.22	.22
Atropine, gr. 1/150 (H).20	Tabs. 1 t.	.22	.22
Atropine, gr. 1/200 (H).20	Tabs. 1 t.	.22	.22
Hemostatic Serum, 2 c.c..	1 Pkg.	1.50	1.50
Adrenalin .....	1 oz.	.50	.50
Amyl Nitrate .....	6 Amps.	.10	.60
Ergotol Amps., c.e.....	3 Amps.	.60	1.20
Pituitrin, 1 c.c. (Surg.)...	6 Amps.	.45	2.70
Pituitrin, 1 c.c. (Ob.)....	3 Amps.	.25	.75
Adrenalin, 1/1000 1 c.e..	6 Amps.	.15	.90
Morphine, gr. $\frac{1}{4}$ .....			
Atropine, gr. 1/150 (H).12	Tabs.	.02	.24
Morphine, gr. 1/4 (H)...12	Tabs.	.02	.24
Morphine, gr. 1/6 (H)...12	Tabs.	.03	.36
Morphine, gr. 1/8 (H)...12	Tabs.	.02	.24
Morphine, gr. 1/4 (Trit.)12	Tabs.	.02	.24
Codiene, gr. $\frac{1}{2}$ (Trit.)...	6 Tabs.	.02	.12
Codiene, gr. $\frac{1}{4}$ (Trit.)...	6 Tabs.	.02	.12
Codiene, gr. $\frac{1}{2}$ (H)....	6 Tabs.	.03	.18
Codiene, gr. $\frac{1}{4}$ (H)....	6 Tabs.	.03	.18
H. M. C., No. 2.....	6 Tabs.	.05	.30
H. M. C., No. 1.....	6 Tabs.	.05	.30
Formalin 1/1000 .....	1 Gal.	.10	.10
Kreso Sol. ....	1 Gal.	3.20	3.20
Boracic Sol.—Saturated .	2 Gal.	.15	.30
The following items are used on obstetrical floors only:			
Sterate Zinz Pulv.....	1 oz.	.25	.25
Ergotol .....	1 oz.	1.25	1.25
Olive Oil .....	1 pt.	.40	.40
Cotton Seed Oil .....	1 pt.	.20	.20
Carbolic Acid 1-20 .....	2 pt.	.10	.20
Mercurochrome, 1% .....	1 pt.	.80	.80
Zinc Oxide Oint. ....	$\frac{1}{2}$ lb.	.60 lb.	.30

# "The Proof of the Pudding"

—says Mr. Buchholz

HOTEL OCCIDENTAL  
WASHINGTON, D. C.  
ONE BLOCK FROM WHITE HOUSE  
GUSTAV BUCHHOLZ AND SON, PROPRIETORS

May 3rd, 1928.

Champion Dish Washing Machine Co.,  
15th & Bloomfield Streets,  
Hoboken, N. J.

Gentlemen:

In view of your recent inquiry as to our opinion of the model 700 Champion Washing Machine, installed by us in February 1927, we feel sure the results of our recent "Check Up" on china replacements during the year will be interesting.

Our breakage was reduced in that period slightly over fifty per cent compared with the year 1926. Our inventory shows a replacement saving of over Twenty Seven Hundred Dollars in twelve months.

We had no idea the "Champion" would pay for itself in that period. The writer, at the time we decided to install the Champion, after making a careful survey of the dish washing machine field, did feel he had made a wise selection. "The proof of the pudding" is not only this tremendous saving of dollars, but the satisfaction of knowing the Champion is daily doing that for which it is intended - washing dishes quickly and cleanly.

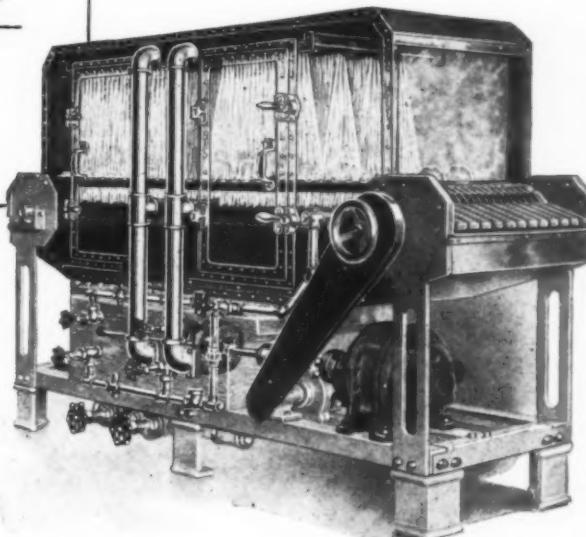
Yours sincerely,

*Frederick B. Buchholz*  
By *Hotel Occidental*

G.B.

Model 700 Double Tank, Conveyer Type Machine. Capacity 15,000 pieces per hour.

Built like a Battleship!



CHAMPION  
Dish Washing Machines

A MODEL 700 CHAMPION began serving the Hotel Occidental at Washington, D. C. in February, 1927. A check-up on china replacements shows a saving of \$2700 during the first twelve months. In other words, Champion paid for itself during the first year in reduced breakage alone, to say nothing of the daily, dependable performance of washing dishes quickly and cleanly. Investigate Champion Dish Washers. It pays!

CHAMPION DISH WASHING  
MACHINE CO.

HOBOKEN, NEW JERSEY  
Chicago Office: 1358 Builders Building

# Prevention— an aim of modern medicine

MODERN medicine helps to preserve health and forestall disease. Prevents as well as relieves. Progress in preventive medicine has added years to life's span.

Kellogg's ALL-BRAN is a staunch supporter of modern preventive practice. When eaten regularly with milk or cream, with fruits or honey, ALL-BRAN benefits the entire system. The intestinal tract receives the bulk so helpful to proper elimination. Kellogg's ALL-BRAN prevents as well as relieves constipation. And, of course, danger of disease is lessened as waste material is eliminated.

Kellogg's ALL-BRAN is cooked and krumbled by a special process. Pleasing in its nut-like flavor. A "prescription" to delight young and old. ALL-BRAN is 100% bran. It produces results part-bran products can't equal.

Made by Kellogg in Battle Creek. Sold by all grocers. Served everywhere.

**Kellogg's**  
**ALL-BRAN**

Aristol Pulv. ....	1 oz.	1.25	1.25
Iodoform Pulv. ....	1 oz.	.50	.50
Balsam of Peru ....	2 oz.	.25	.50
Argyrol, 10% ....	1 oz.	.40	.40
Argyrol, 20% ....	1 oz.	.80	.80
Argyrol, 5% ....	1 oz.	.20	.20
Tr. Benzoine Comp....	4 oz.	.25	1.00
Lunar Caustic Stick....	2	.03	.06
Silver Nitrate, 2% aa...	2 Caps *	.15	1.80
Silver Nitrate, 10%....	4 oz.	.07	.28

Total ..... \$52.64

## EMERGENCY DRESSING ROOM—COMPLETE Equipment

Amount	Item	Price Per	Total
1	Nurses Desk .....	\$25.00	\$25.00
1	Glass Dbl. Ink Well Stand	1.25	1.25
	<i>Desk Supplies</i>		
2	Pencils .....	.10	
2	Pen Holders and Points	.14	
1	Combination Eraser ...	.10	
2	Gummed Labels .....	.06	
1	Charge Book.....	.25	
1	Supply Book .....	.25	
12	Chart Clips .....	.90	
42	No. Rubber Bands, asst.	.30	
1	Box Paper Clips.....	.25	
1	Box Thumb Tacks .....	.25	
1	Jar Library Paste .....	.12	
2	Chairs .....	4.00	8.00
1	2 Drawer Filing Case 5x8		7.50
2	General Hosp. Flat Top Dressing Room Tables..	10.00	20.00
2	Table Pads Felt Rubber covered .....		11.50
2	Table Pillows feather, rubber covered .....		7.30
2 prs.	Stirrup Sockets and Leg Holders for above table	10.00	20.00
2	White Enamel Adjustable Foot Stools .....	6.00	12.00
1	Electric Plate .....		3.50
2	Instrument Table, Small White Enamel Wood .....	5.50	11.00
	(Wood is light weight and more easily handled than steel)		
1	Double Extension Irrigating Stand .....		20.00
1	Sterilizer (Water and Instrument) .....		400.00
1	Instrument Cabinet .....		175.00

## MEDICINE EMERGENCY DRESSING ROOM

2 oz. Glass Stopper Bottles .....	\$.18
2 Balsam Peru .....	.30
4 oz. Glass Stopper Bottles .....	.40
1 Tinct. Iodine and Alcohol, 2%	.40
1 Tinct. Iodine and Alcohol, 4%	.50
1 Tinct. Iodine and Alcohol, 7%	.65
1 Collodium .....	.15
1 Silver Nitrate, 1% .....	.15
1 Silver Nitrate, 10% .....	.40
1 Olive Oil .....	.10
2 Cotton Seed Oil .....	.25
1 Spts. Camphor .....	.35
1 Benzine .....	.05
1 Hand Lotion .....	.10
1 Arom. Spts. Ammonia .....	.40
1 Argyrol, 10% .....	1.30
1 Argyrol, 5% .....	.90
1 Pot. Permanganate, 1% .....	.05
1 Mercurochrome, 2% .....	.40
1 Liq. Cresolis Comp. ....	.15
1 Sterile Water .....	.05
1 Novocain, 1% .....	.40
1 Novocain, 2% .....	.80
1 Tinct. Iodine and Alcohol, 2% .....	.50
1 Tinct. Iodine and Alcohol, 4% .....	.65
1 Tinct. Iodine and Alcohol, 7% .....	.75
6 2 oz. Bottles Sterile Oil .....	.80
12 Cans Ether, .21 each .....	2.52
6 Bottles Chloroform, .32 each .....	1.92
2 Cakes Paraffine, .24 each .....	.48



### A Hospital In Washington D. C. Issued This Statement:

"The Johnson System Of Temperature Regulation installed at this hospital six years ago has met with our entire satisfaction and we do not hesitate to recommend it most highly.

"It is very desirable that the temperature of the rooms be kept as nearly constant as possible and it is also often necessary to maintain several rooms at different temperatures. The ease with which the Johnson System accomplishes this makes it one of the most valuable adjuncts to our heating plant.

"Another feature of the System is that it helps to lighten the duties of the nurses, who are relieved of watching room thermometers and the labor of turning on and off the radiator valves.

"The saving which the temperature regulation system effects in our coal bill by shutting off radiator valves when the rooms are at the right temperature and preventing them from overheating gives us a very profitable return."

## JOHNSON HEAT CONTROL IN HOSPITALS

JOHNSON SERVICE COMPANY  
Main Office and Factory : MILWAUKEE, WISCONSIN

AUTOMATIC TEMPERATURE REGULATION SINCE 1885  
JOHNSON BRANCHES IN ALL PRINCIPAL CITIES

# THORNER'S Silver Service



Thorner's Silver Service is made of 18% Nickel Silver with a quadruple silver plate. Wears a lifetime. Replacement through breakage is forever eliminated. It is never affected by wear or polishing.

Illustration features Thorner's Improved Three Compartment Hot Water Plate. Tea Set with reinforced bands, hard metal hinges, Silver Soldered and one-piece unbreakable bottom. Covered Soup Cup with Silver Soldered handles. Sherbet Dish, Gravy Boat, Individual Napkin Ring and Tray Marker, Bud Vase, Salt and Pepper Shakers and Superior Grade Sectional Plate Flatware.

## THORNER BROTHERS

*Importers and Manufacturers of Hospital and Surgical Supplies*

135 Fifth Avenue  
NEW YORK CITY

Exhibit at the American Hospital Association  
Booth No. 1, Aug. 6-10, San Francisco, Calif.

2 Tubes Ethel Chloride, .90 tube .....	1.80
1 Tinct. Green Soap .....	1.05 pt.
2 Alcohol, 50% .....	.30 pt.
16 oz. Salt Neck .....	
1 Oxalic Acid .....	.35 lb.
32 oz. Salt Neck .....	
1 Salt .....	.20
1 Boracic Acid .....	.40 lb.
1 Carbolic Acid, 1 in 20 .....	.20 qt.
1 Mat. Sulphate .....	.25
1 Arsenic Antidote .....	.20
2 oz. Salt Neck .....	
5 for Sterile Specimens .....	.45
8 oz. Salt Neck for Catgut, .20 each .....	1.60
1 Bottle Ergotol .....	1.25 oz.
1 Bottle Adrenalin .....	.50 oz.
2 Alcohol, 95% .....	.10
1 Carbolic Acid .....	.10
4 oz. Salt Neck Bottles .....	
1 Castor Oil .....	.10
1 Balsam Peru and Castor Oil .....	.20
8 oz. Glass Stoppers .....	
2 Alcohol, 50% .....	.30 pt.
1 Wood Alcohol .....	.35 pt.
8 oz. Salt Neck Bottles .....	
1 Tenic Sulphate .....	.15
1 Starch .....	.10
16 oz. Glass Stoppers .....	
2 Hydrogen Peroxide .....	.20 pt.
1 Stock Sol. of Saline .....	.10 pt.
1 Mag. Sulph. Sol., 3% .....	.10 pt.
1 Formalin, 40% .....	.40 pt.
1 Bichloride, 1/20 .....	.25 pt.
1 Antiseptic Soap .....	.20 pt.
1 Mineral Oil .....	.20
1 Liq. Cresolis Comp. ....	.60 pt.
1 Mercurochrome, 2% .....	1.60 pt.
1 Cottonseed Oil .....	.20 pt.
<i>Splints</i>	
1 Bond Splint .....	
2 Large Thomas Splints (legs) .....	
2 Small Splints for Legs .....	
2 Thomas Splints for Arms .....	
2 Right Angle Splints .....	
2 Left Angle Splints .....	
16 Straight Splints (Different Sizes) .....	4.80
3 Yards Rope .....	
17 Yucco Splints .....	
Total .....	\$35.25

NOTE: Containers are not included in the above prices.

## Chromium Plating Gives Longer Life to Surgical Instruments

The growth of the practice of chromium plating of old and discarded surgical instruments has become so marked that hospital superintendents will undoubtedly be interested in learning about the chromium plate and the economy which it makes possible.

Chromium plate was introduced recently, and offers a superior finish for surgical instruments and other manufactured products requiring a protective, attractive and lasting finish.

The claims for the superiority of chromium over nickel, as a finish, were not made without some basis, for some of the most noteworthy of these are that chromium never tarnishes; it is nine times as hard as nickel; it never peels off; sterilizing solutions or heat, up to 600° F., do not affect it; it requires no polishing, keeps its shiny luster and resists wear indefinitely.

From these advantages it would seem that the economy of chromium plating, which, according to reports is slightly higher in cost than nickel, lies in its power to give old surgical instruments new and longer life. It is an effective check against quick deterioration and the consequent necessity for replacement.



The Good Samaritan Hospital of Los Angeles, Calif., a recent "Standard" installation. Mr. Reginald D. Johnson, Architect.

## "Standard" Plumbing Fixtures for every hospital requirement



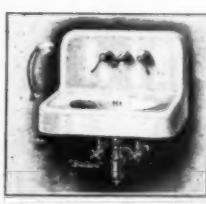
HF-12074—Surgeon's Enamelled Wash-Up Sink with Thermostatic Knee Control Mixing Valve Fitting.



HF-12265—Medicine Sink of Genuine Vitreous China.



HF-13405—Closset of Genuine Vitreous China with Bed-Pan Cleansing Jet.



HP-12205—Enamelled Lavatory used in Bath, Toilet and Private Rooms.

Years of research and experimentation by "Standard" engineers and chemists working in co-operation with eminent hospital sanitation authorities brought about the notable advancements that won for "Standard" Plumbing Fixtures and Fittings the unquestioned leadership of the hospital equipment field.

"Standard" chemists developed Acid-Resisting Enamel. Fixtures made of it are unharmed by antiseptic solutions, common acids, and by the abrasive action of cleansers. Acid-Resisting Enamel cannot become stained, discolored or roughened in ordinary hospital use. Upkeep therefore is at a minimum.

"Standard" engineers developed Chromard finish for plumbing fixtures—the new metal finish that is many times harder than nickel. Chromard Finish is non-tarnishing and non-corroding. It will not wear off, and it keeps its satin-silver lustre with but casual care. Just an occasional wiping is all that is required to restore it to glistening newness.

It is these and many other special, exclusive features of "Standard" Plumbing Fixtures and Fittings that make them ideal for the hospital, clinic, laboratory and physician's office.

Hospital Fixture Department

**Standard Sanitary Mfg. Co.**  
PITTSBURGH

**"Standard"**  
PLUMBING FIXTURES  
for HOSPITALS



**$33\frac{1}{3}\%$  discount**

### on Trico Radiator Furniture

This announcement is particularly sensational in view of the fact that leading hospitals now regard proper Humidity as essential for patients and staff both—at almost any cost.

The latest testimony to the effectiveness of Trico Furniture for this purpose comes from St. Luke's Hospital, Denver (illustrated above). Superintendent Charles A. Wordell writes:

"In keeping with our policy to adopt all modern equipment of proven value and utility in St. Luke's Hospital, we recently equipped all five of our Operating Rooms and several of our Wards with TRICO Art Metal Radiator Furniture with built-in humidifying water pans. A great improvement in the increased amount of humidity so vital in these Operating Rooms and Wards was instantly noticeable, and it is appreciated by our Medical Staff, Nurses and patients alike.

"We are entirely pleased with this Radiator Furniture and consider it one of the best and most needed installations ever made in our Hospital."

Trico Radiator Furniture also reduces one of your periodical operating expenses—cleaning and redecorating walls that have become smudged by radiator dirt. This saving usually returns the cost of the equipment in two or three heating seasons.

In asking for an estimate at this  $33\frac{1}{3}\%$  special discount, state, if you will, what time it will be convenient for you to see our engineer. Simply dictate a line or use this coupon.

### Trico, Incorporated

Division of Art Metal Radiator Cover Co.  
1728 North Kolmar Avenue, Chicago, Illinois

Gentlemen: Your engineer may call to give us an estimate on Trico Furniture at  $33\frac{1}{3}\%$  discount on \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

### Book Reviews and Current Hospital Literature

### Specifications for a Hospital<sup>1</sup>

For anybody who is actively interested in hospital construction, and who has any part in drawing up specifications for proposed hospital buildings, there is a wealth of valuable information concerning the proper wording of the contracts and all the minute details to be dealt with in this book, which contains specifications for a hospital erected at West Chester, Pa., and designed by York and Sawyer, architects, New York.

The publishers frankly admit that the book has been published merely as an experiment. However their object is definite. Specifications, they say, must satisfy three principal requirements. First, they must so adequately describe a given work as to enable the builder to understand exactly what is intended. Next, they must, when made part of a contract, enable the owner legally to compel the contractor to produce precisely what is proposed. Lastly, they must be written concisely and in good English. The specifications for the Chester County Hospital and Nurses' Home, West Chester, Pa., compose the greater part of the book. The remainder of the book consists of a series of notes and comments on the articles of the contracts. These were written by Wilfred W. Beach, who is associated with the Pencil Points Library of Specifications.

The object of this publication is to present to those interested in hospital construction suggestions for the correct wording of their specifications in order that they may obtain the desired results.

This book is one of a series and later volumes will contain the specifications for other hospitals.

### Books Received

**ALUMINUM COMPOUNDS IN FOOD.** Including a digest of the report of the referee board of scientific experts on the influence of Aluminum Compounds on the nutrition and health of man. By Ernest Ellsworth Smith, Ph.D., M.D., Fellow and Former President, New York Academy of Sciences, Fellow of the New York Academy of Medicine. Published by Paul B. Hoeber, Inc., 76 Fifth Avenue, New York, 1928, \$7.

**FOLKLORE OF THE TEETH.** By Leon Kanner, M.D., Yankton State Hospital, Yankton, S. D. Published by the Macmillan Company, New York, 1928. Price \$4.

**DIABETES AND ITS TREATMENT BY INSULIN AND DIET.** Fourth Revised and Enlarged Edition. By Orlando H. Petty, M.D., Professor of Diseases of Metabolism in the Graduate School of Medicine, University of Pennsylvania, Physician in Charge of Department of Diseases of Metabolism, Philadelphia General Hospital. With an introductory foreword by John B. Beaver, M.D. Published by F. A. Davis Company, 1914-16 Cherry Street, Philadelphia. Price \$2.

<sup>1</sup> The Pencil Points Press, Inc., New York City.



## Soft, Restful Colors for Hospital Walls and Floors

HERE is a striking contrast between the old type hospital with its glaring white walls and the modern building where color has been judiciously used to provide an air of homelike cheerfulness and friendly hospitality.

Color was introduced into hospitals only with the realization that colored materials are just as sanitary as white. It's the material, of course, that makes the difference. Because they have a hard, impermeable surface which is easy to keep clean and sanitary, colorful Romany Tiles are ideal for floors and walls. No cracks or crevices appear to catch dirt, and disinfectants and cleaning compounds will not harm the surface.

*Where durability, economy and distinctive decorative treatment are desired, Romany Tiles are outstanding among floor and wall materials.*

# ROMANY TILES

MANUFACTURED BY

UNITED STATES QUARRY TILE CO. PARKERSBURG, W. VA.

MEMBER ASSOCIATED TILE MANUFACTURERS

K E R A M I C T I L E S

## Selecting Your Laundry Detergent

**I**N the selecting of a laundry detergent there are many factors to be taken into consideration. Upon quality work depends the success of the laundry business, and it is the laundryowner's vital duty to see that his detergent gives him the quality results which will justify the slogan "The Laundry Does It Best."

1. Clothes must be washed white and clean and retain that bright, new look.  
**KOLO** washes clothes clean and white and keeps them white. **KOLO** eliminates all possibilities of dinginess.
  2. Colors must be bright and snappy.  
**KOLO** will wash the dirtiest bundle and at the same time will not harm the daintiest colored fabrics. **KOLO** gives them that brilliant new look.
  3. Consistent quality work must be turned out with the least possible harm to the fabrics.  
**KOLO** is a safe colloidal detergent—it contains no caustic or other harmful ingredients. **KOLO** leaves them soft, with that clean, sweet odor.
  4. The washing must be done economically.  
**KOLO** turns out quality work at a minimum cost. It is the ideal detergent.

*Address all inquiries to the Baltimore office*

**KOLO PRODUCTS COMPANY, Inc.**  
Haynes & Warner Sts. Baltimore, Md.  
*Stocks in principle cities.*



This nurse is wondering if the heat has penetrated to the center of the package. She delivers doubtful dressing.

This is a SAFE NURSE. She takes no chances. She uses a Diack control every time she sterilizes—she KNOWS.

### **YOUR HOSPITAL IS NOT A SAFE HOSPITAL**

UNIVERSITY

# **DIACK CONTROLS**

## **FOR STERILIZATION**

**ARE USED TO PROVE  
HEAT PENETRATION**

**USED IN ALL EFFICIENT HOSPITALS**

**100 FOR \$6.00**

A. W. DJACK

5533 Woodward Ave.

DETROIT, MICH.

## NEWS OF THE HOSPITALS

## Alabama

Work has been started on the construction of a \$100,000 hospital unit in connection with the Partlow State School for Mental Defectives, Tuscaloosa, Ala. This will be an addition to the old Bryce Hospital. The plans were drawn by Dr. W. D. Partlow, superintendent of the institution. The building will be three stories high and of modern, fireproof construction.

## Arkansas

Work has recently been started on the Pauline Solomon Hospital, Helena. When completed, the building will represent an investment of \$138,230. It is expected that the hospital will be ready for occupancy about the end of October.

## California

A new state institution for the treatment of drug addicts is to be opened at Pomona, Calif. Nothing has as yet been said concerning the appointment of a director for the hospital, but Dr. Charles C. Pinkham, secretary of the state board of medical examiners, states that one of the main functions of the hospital will be to study the patients in order to determine the cause of the addiction to drugs.

Work will soon be started on a new addition to the Children's Hospital, Los Angeles, which will cost about \$145,000. Alterations will also be made on the old building.

The new \$400,000 administration building of the Sacramento Hospital, Sacramento, will be completed early in the Fall, according to A. K. Dunlap, superintendent. The building, which is now under construction, will house the office of the superintendent, interns' quarters, laboratories, the surgery and the supply rooms. One of the outstanding features of the Sacramento Hospital development is that the buildings have been constructed from tax revenue, the work being carried on when funds were available.

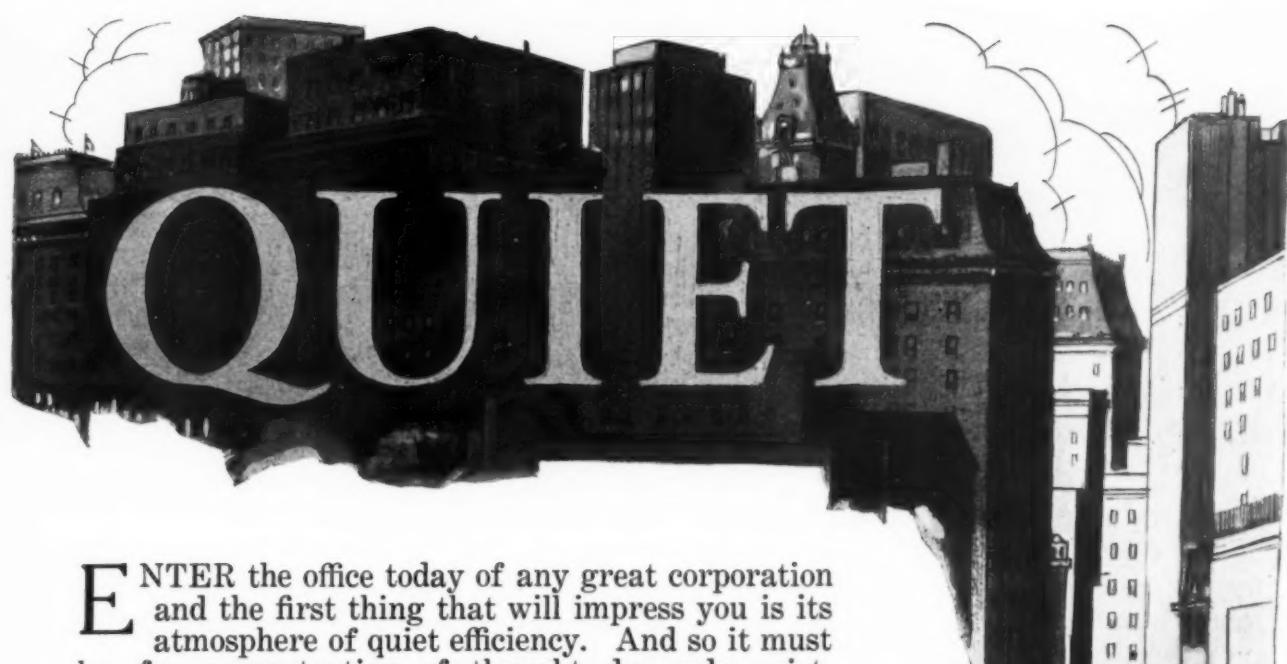
## **Illinois**

Buildings providing 100 beds to accommodate the Home for Destitute Crippled Children, Chicago, are to be built on the campus of the University of Chicago, Chicago. The hospital will have a free dispensary and will have medical care provided by the university. This will be the fifth hospital for children's work now connected with the university.

The M. A. Montgomery Hospital, Charleston, has been forced for financial reasons to close its doors.

## Louisiana

The new Greenwell Springs Sanatorium near Baton Rouge, has recently been opened. The institution has over a hundred beds and special accommodations for colored patients.



**E**NTER the office today of any great corporation and the first thing that will impress you is its atmosphere of quiet efficiency. And so it must be, for concentration of thought demands quiet, above everything else.

The Remington-Noiseless Typewriter is the great modern agent which has wrought this transformation. A noisy office is an inefficient office—typewriter noise is costly and destructive. The general adoption of the Remington-Noiseless Typewriter is decisive evidence of the service it renders.

As a typewriter, it is incomparable—superior in ease of operation, in quality of work, in capacity for long and faithful service. And, above all, it operates quietly.

You need the Remington-Noiseless for your own sake—to relieve you from the nerve strain and interruption of needless noises. Your employees need it—all for these same reasons.

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REMINGTON RAND BUSINESS SERVICE INC.  
REMINGTON RAND BLDG., BUFFALO, N. Y.



The new improved  
Remington Noiseless  
*the only QUIET*  
*typewriter. . .*

PRODUCT OF REMINGTON RAND

# A NEW Rubber Glove

*Made by a New Organization, and Backed  
by Eighteen Years of Experience in the  
Manufacturing of Quality Surgeons' Gloves*

THE Hankins Rubber Glove is the product of a new organization, made by a new process in a new factory with new and modern equipment.

The Hankins Rubber Glove has been developed after eighteen years of practical experience. It is made by a competent staff of experienced workers who for years have been aware of the high demands of surgeons. It is guaranteed perfect fitting, with tapered fingers and snug-fitting wrist. It has the finest quality of resilient, pliable rubber to withstand constant sterilization and constant wear.

The Hankins Rubber Glove is now offered by surgeons' supply houses throughout the country. Ask your dealer. Get acquainted with this new glove. Learn its merits of economy, durability and efficient comfort.

See us at  
**BOOTH 25**  
at the coming A. H. A.  
convention at  
San Francisco

**The Hankins Rubber Co.**  
Massillon, Ohio

### Maryland

Contracts have been awarded for the construction of the Memorial Hospital, Cumberland, which call for an expenditure of \$448,000. Work will be started in the near future.

The Eudowood Sanatorium, Towson, which was recently closed on account of lack of funds with which to maintain operation, has opened again. The institution was closed on March 28, 1928, and since that time a strenuous campaign, in which \$340,000 was raised, has been carried on. The amount raised has not only enabled the institution to pay off its debts, but leaves nearly \$200,000 for an endowment fund.

### Minnesota

The opening of the new addition to the St. Andrew's Hospital, Minneapolis, has recently been announced. The cost of the new wing was \$200,000, according to Catherine McKay, superintendent.

### Mississippi

Steps are being taken to hasten the completion of the new Mississippi State Hospital for the Insane at Fondren. Already \$1,250,000 has been expended on the construction of the new buildings, and it is expected that the total cost will reach the two million mark. Most of the work is being done by convicts and inmates of the insane asylum, so that the cost of construction is materially reduced.

### Missouri

A price of \$252,000 was paid for the Liberty Hospital, St. Louis, which has for four years been operated as a private institution. The hospital was sold under receivership and will be used in the future as an old people's home, conducted by the Good Samaritan Altenheim.

The purchase of the old St. Louis Maternity Hospital has been arranged by the St. Louis Baptist Hospital, St. Louis. The property will be purchased for about \$70,000, and a new building will be erected on the site.

St. Elizabeth's Hospital, Hannibal, is constructing an \$80,000 annex to the old building.

### Nebraska

The opening of the new unit of the hospital of the University of Nebraska College of Medicine, Omaha, was attended by nearly 3,000 persons. The building, which was constructed at a total cost of \$350,000, is five stories high, has 250 beds, two children's, two psychopathic, one medical and two surgical wards, and accommodations for 100 students.

### New Jersey

Construction has been started on the new addition to the Christ Hospital, Jersey City. The new building will double the present capacity of the hospital, which now has 115 beds. An outlay of \$400,000 will be necessary in order to complete and equip the new structure in accordance with modern ideas.

The Burlington County Hospital, Mount Holly, was formally opened to the public early in May, following an inspection by the board of trustees.

### New York

Announcement has been made of the sale of the Italian Hospital, New York, for \$1,200,000. Plans for the construction of a new 225-bed Italian Hospital are ready for execution as soon as a new site can be decided upon.